

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(ebd)) is subject to a penalty fee of \$25.00.

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1 Corporate ID No. 557335	2. Name of Corpo		10		
3. Street Address Principal Busine.	ss Office	1 AND BACK, IN	City	State	
1. FOX PLACE			MUVICENCE	RI RI	02903
1 110 1001 7070		5. State of Incorporation			1 7.0
(401) 273 - 3138 RT 6. Brief Description of the Character of Business Conducted in Rhode Island			···		
BAR LOUNGE	er by Districts Contact	a in Riode Island		-	
7. NAMES AND ADDRESS	ES OF THE OFFIC	ERS: ("X" BOX FOR ATTA	ACHMENT) [] FILL IN SPA	CES REFORE HEING	ASTE A CATAGORNINO
_			Vice President Name	CLU DEI GRE USING	ATTACHMENTS
RBECCA CARROU Street Address			Hagy Melsken		
1000 SMITH ST.			Street Address		
City State Zip			City Sole ST.		
Play DONCE	RI	02903	PLOVIDENCE	State R.T	02963
Secretary Name		***************************************	Treasurer Name		
Street Address			<u> </u>		
(sine)			Street Address (Spile)		
City	State	Zip	: City	State	1
_	1			1 1	Zip
8. NAMES AND ADDRESSI	ES OF THE DIREC	TORS: ("X" BOX FOR AT	: FACHMENT) ☐ FILL IN SP : Director Norma	ACES BEFORE USIN	I G ATTACHMENTS
(SAME)			Director Name		
Street Address			Street Address	(SAME)	- 150
			corect ridaress		SE
City	State	Zip	City	State	
Director Name]				APO REC
Director Name			Director Name		S NO.
Street Address			Street Address		
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9. SHARES AUTHORIZED	I			ļ	55 ₹
1,000			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
This information is currently of record in the Office of the Secretary of			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
State. Changes require an additional filing. See Section 9 of instruction sheet.				Chissiseries	Par Value
			1,000	cwr	\$0.01
This report must be execute	d 1 -1 -1 C - C -1				
this report must be executed	u on behalf of the c	corporation by an authorize	d representative. If the corpo	ration is in the hands	of a receiver or trustee,
	an comunity the c	orporation by the receiver (n trustee.		
	D(Under soneling &		
			including any accompan	y, I declare and affirm th tying schedules and stat	nat I have examined this report, ements, and that all statements
			contained herein are in	and Correct.	//
File Date AUG 30	2011 	_	_ the secent (5U/	8/1/4
Check No.			Signature		Date
15/15	7	-	RESCUL CHANGE		
By: BY		<u> </u>	Print or Type Name		
FOR SECRETARY OF STATE USE ONLY			feesiture		
			Title		