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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2011

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(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
000525721	EMPTY KEGS INC.		
3. Street Address Principal Business Office	City	State	Zip
1150 GREENWICH AVE.	WARWICK	RI.	02886
4. Business Phone No.	5. State of Incorporation		
(401) 864-5321	R.I.		

6. Brief Description of the Character of Business Conducted in Rhode Island
BEER LINE CLEANING

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
TIMOTHY J. MIGA	TIMOTHY J. MIGA
Street Address: 1150 GREENWICH AVE.	Street Address: 1150 GREENWICH AVE
City: WARWICK State: RI. Zip: 02886	City: WARWICK State: RI. Zip: 02886
Secretary Name	**Treasurer Name**
TIMOTHY J. MIGA	TIMOTHY J. MIGA
Street Address: 1150 GREENWICH AVE.	Street Address: 1150 GREENWICH AVE
City: WARWICK State: RI. Zip: 02886	City: WARWICK State: RI. Zip: 02886

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

9. SHARES AUTHORIZED 500

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

Number of Shares	Class/Series	Par Value
500		-0-

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

FILED
File Date _____
Check No. JAN 0 3 2012
By: BY 1053

FOR SECRETARY OF STATE USE ONLY

71584-2-684639

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

X _____ 12/28/11
Signature *Date*

TIMOTHY MIGA
Print or Type Name

PRESIDENT
Title

Form 630 Rev. 08/08