



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 2012

**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. 419202		2. Name of Corporation Triple P Inc.					
3. Street Address Principal Business Office 192 Columbus Avenue		City Pawtucket	State RI	Zip 02861			
4. Business Phone No. 401 475-3335		5. State of Incorporation Rhode Island					
6. Brief Description of the Character of Business Conducted in Rhode Island Bar and Grill							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Scott A Poliom		Vice President Name Michael P. Paquette					
Street Address 94 Sterling St		Street Address 19 Sayles Avenue					
City Pawt.	State RI	Zip 02860	City Lincoln	State RI	Zip 02865		
Secretary Name Michael Paquette		Treasurer Name Scott A Poliom					
Street Address 19 Sayle Ave		Street Address 94 Sterling St					
City Lincoln	State RI	Zip 02865	City Pawt	State RI	Zip 02860		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.					ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
					Number of Shares	Class/Series	Par Value
					300	NA	NA

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CORPORATIONS DIV  
2012 FEB 22 AM 10:18

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.

**FILED**

File Date FEB 22 2012

Check No. 2-164117

By: BY

FOR SECRETARY OF STATE USE ONLY

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.

Signature Scott A Poliom Date 2-21-12

Print or Type Name President

Title