



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(e)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 64127		2. Name of Corporation NEWPORT PLAYHOUSE and CABARET RESTUARANT, INC.					
3. Street Address Principal Business Office 62 TAUNTON AVENUE				City East Providence	State RI	Zip 02914	
4. Business Phone No. (401) 434-2235			5. State of Incorporation RHODE ISLAND				
6. Brief Description of the Character of Business Conducted in Rhode Island Theatrical presentations and service of food and beverage.							
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name JONATHAN PERRY				Vice President Name JONATHAN PERRY			
Street Address P.O. Box 451				Street Address P.O. Box 451			
City NEWPORT	State RI	Zip 02840		City NEWPORT	State RI	Zip 02840	
Secretary Name JONATHAN PERRY				Treasurer Name JONATHAN PERRY			
Street Address P.O. Box 451				Street Address P.O. Box 451			
City NEWPORT	State RI	Zip 02840		City NEWPORT	State RI	Zip 02840	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name JONATHAN PERRY				Director Name			
Street Address P.O. Box 451				Street Address			
City NEWPORT	State RI	Zip 02840		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) <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 500	Class/Series COMMON	Par Value NO PAR	

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 28 2012**
 Check No. _____
 By: **BY** *164746*
 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 *Jonathan Perry* Date **2/15/12**
JONATHAN PERRY
 Print or Type Name
President
 Title