

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

401.222.30

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(cod)) is which the active the prescribed by law (R.I.G.L. 7-1.2-1501(cod)) is

1. Corporate ID No.	2 Name of Contact			<u> </u>		
88785	Ward's Publick I	Name of Corporation Vard's Publick House, Inc.				
3. Street Address Principal Business Office 3854 Post Road			WARWICK	State RI	^{Zip} 02886	
4. Business Phone No. 401-884-7008 5. State of Incorporation Rhode Island						
TO OPERATE AS A REST	of Business Conducted in R AURANT.	thode Island				
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS	
President Name Thomas J. Ward			Vice President Name None			
Street Address			Street Address			
152 Woodbine Street, Apt. 3 City State Zip						
Cranston	RI	ິ້ງປ່ວງ10	City	State	Zip	
Secretary Name Thomas J. Ward			Treasurer Name Thomas J. Ward			
Street Address 152 Woodbine Street, Apt. 3			Street Address 152 Woodbine Street, Apt. 3			
City Cranston	State RI	<i>Σφ</i> 02910	City Cranston	State RI	Ζίρ 02910	
8. NAMES AND ADDRESSES	OF THE DIRECTOR	 S:	•	' '' N SPACES BEFORE USING		
Director Name			Director Name			
Street Address			Street Address			
СИу	State	Zip	СИУ	State	Zip	
Director Name	J	J	Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED	I	1	10. SHARES ISSUED	("X" ROY FOR ATTACE	UMENT)	
			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	
			100	Common	No Par Value	
This report must be executed this report must be executed or	on behalf of the corp	oration by an authorize	d representative. If the	corporation is in the hands	of a receiver or trustee,	
and report must be executed to	m benan of the corpe	ration by the receiver t	or trustee.			
			Under penalty of j	perjury, I declare and affirm t	hat I have examined this repo tements, and that all statemen	
FILED	,			are true and correct.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
File Date	116		Signature	- 4 Will	1 2	
Check No. MAR 0 6 20	J12		Thomas J	Ward'.\	Date	
By: BY	558		Print or Type Name			
FOR SECRETARY OF STA	TE USE ONLY		President			
	·		Title	_ 		