



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 695456		2. Exact name of the Corporation Warren Pub, Inc		
3. Principal office address 47 VIKING DRIVE		City BRISTOL	State RI	Zip 02809
4. Business Phone No. 401-253-8781		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Restaurant				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name MICHAEL J. FERREIRA		Vice-President Name MICHAEL J. FERREIRA		
Street Address 47 VIKING DRIVE		Street Address 47 VIKING DRIVE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI
Secretary Name MICHAEL J. FERREIRA		Treasurer Name MICHAEL J. FERREIRA		
Street Address 47 VIKING DRIVE		Street Address 47 VIKING DRIVE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name MICHAEL J. FERREIRA		Director Name JOHN MOSS		
Street Address 47 VIKING DRIVE		Street Address 274 WOODSTREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		10,000.	CWP	NONE

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.

File Date _____

Check No _____

By: _____

FILED

MAR 16 2012

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 of Authorized Representative

Date

FOR SECRETARY OF STATE USE ONLY By MMC

Michael Ferreira
 Print or Type Name of Authorized Representative

CR# 2011