

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

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY M	ARCH 31 WILL RESULT IN A \$25.0	0 PENALTY FEE.
Entity ID No. 2. Exact name of the Corporation		
000314419 JC'S Tavern.	1nC	
3. Principal office address	City	
45 Nooseneck HII Rd	west Greenwich 18	(I 0981)
4. Business Phone No.	5. State of Incorporation	
401-265-1861		
6. Brief description of the character of business conducted in Rhode Island		Carlot of the Control of the
Restaurant and Bar		
77 LIST A4-POLLICERS INAMES AND ADDRESSES (XVBOX FOL A		
President Name	Vice-President Name	enger sektor for en avendere en en en en far en en ekkelen. Det en
Andrew Catanzaru		
Street Address	Street Address	
City State Zip CO	City	e Zip
City State Zip State	J.,	
Secretary Name	Treasurer Name	
America Catanzan		and the state of t
Street Address	Street Address	
891 TUNK WIKE		
City State Zip	City	e Zip
TOSH 14 10003		
	AULACHMENII)	Carried Control of the Control of th
Andre W Catanzan	Director Name	
Street Address	Street Address	
891 TUAL HILLD		₹
City State Zip	City State	
1 705Her 1 RI 1 U2805		60
Director Name	Director Name	ő ágazatás
		Name of the second second
Street Address	Street Address	
Other Park	City Stat	<u>د</u> ا
City State Zip	City	A Same of the same
9-SHARESIAUTHORIZED	Manneraresisaued/#X480)/x406	
O STRACTORY INVALUENCE OF THE PROPERTY OF THE	NUMBER OF SHARES CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary	. 201	0 01
of State. Changes require an additional filing.	1,000	
See Section 9 of instruction sheet.		
This report must be executed on behalf of the corporation by an authorize	ed representative, If the corporation is in t	he hands of a receiver or trustee.
this report must be executed on behalf or	the corporation by the receiver or trustee	
	Linder nensity of perjuny I declare	and affirm that I have examined

this report must be executed on behalf of the corporation by the receiver of flustee.			
File Date was 18 18 18 18 18 18 18 18 18		Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying seneral and statements,	
	a Ui	and that all statements contained herein are frue and correct.	
Check No	FILED 57/6	Guch Land 110010	
		Signature of Authorized Representative Date	
FOR SECRETARY OF STATE USE ONLY	NOV 3 0 2012	Andrew Catanzano	
Form No. 630	O W	Print or Type Name of Authorized Representative	
1 01111 140, 000	A / 1001 / 100		

Revised: 01/2012