



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. 000314419		2. Exact name of the Corporation JC's Tavern, Inc			
3. Principal office address 45 Nooseneck Hill Rd			City West Greenwich	State RI	Zip 02817
4. Business Phone No. 401-265-1861		5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island Restaurant and Bar					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name Andrew Catanzaro			Vice-President Name		
Street Address 891 Tunk Hill Rd			Street Address		
City Providence	State RI	Zip 02805	City	State	Zip
Secretary Name Andrew Catanzaro			Treasurer Name		
Street Address 891 Tunk Hill Rd			Street Address		
City Providence	State RI	Zip 02805	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name Andrew Catanzaro			Director Name		
Street Address 891 Tunk Hill Rd			Street Address		
City Providence	State RI	Zip 02805	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 checked="" 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
			1,000	cwp	.01

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: _____
 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.

FILED ³⁴⁶

Signature of Authorized Representative

Date

Andrew Catanzaro
 Print or Type Name of Authorized Representative

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