



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

1. Corporate ID No. <u>76219</u>		2. Name of Corporation <u>The Family Pub of Fox Point Inc</u>		
3. Principal Business Office <u>162 Ives St</u>		City <u>Prov</u>	State <u>RI</u>	Zip <u>02906</u>
4. Business Phone No. <u>721-1427</u>		5. State of Incorporation <u>Providence</u>		
6. Brief Description of the Character of Business Conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <u>Aileen Pacheco</u>		Vice President Name <u>SAME</u>		
Street Address <u>16 Parker Ave</u>		Street Address		
City <u>E. Prov</u>	State <u>RI</u>	Zip <u>02914</u>	City	State
Secretary Name <u>SAME</u>		Treasurer Name <u>SAME</u>		
Street Address		Street Address		
City	State	Zip	City	State
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <u>NONE</u>		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED <u>3,000</u>		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 <u>1,000 NO PAR VAL</u>		
		Number of Shares <u>3,000</u>	Class/Series <u>1,000</u>	Par Value <u>NO PAR VAL</u>

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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
DEC 03 2012

BY [Signature]

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.

Aileen Pacheco 11/29/12
Signature Date
Aileen Pacheco
Print or Type Name
President
Title