



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 2013

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. 68663		2. Exact name of the Corporation CROW'S NEST RESTAURANT, INC.						
3. Principal office address 288 Arnold's Neck Drive		City Warwick	State RI	Zip 02886				
4. Business Phone No. 401-732-6575		5. State of Incorporation RHODE ISLAND						
6. Brief description of the character of business conducted in Rhode Island TO OPERATE A RESTAURANT TO SERVE FOOD AND DRINK TO MEMBERS OF THE GENERAL PUBLIC								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name Laurie A. Grann			Vice-President Name John W. Grann					
Street Address 35 Knotty Oak Shores			Street Address 35 Knotty Oak Shores					
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816			
Secretary Name John W. Grann			Treasurer Name John W. Grann					
Street Address 35 Knotty Oak Shores			Street Address 35 Knotty Oak Shores					
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name NONE			Director Name					
Street Address			Street Address					
City	State	Zip	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 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
						100	Common	No Par

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

File Date

Check No

By:

JAN 09 2013

BY

31056

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.

Laurie A. Grann
Signature of Authorized Representative

1-6-13
Date

Laurie A. Grann, President

Print or Type Name of Authorized Representative