



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. 72279		2. Exact name of the Corporation Vic's Tap Inc.				
3. Principal office address 622 Union Avenue			City Providence	State RI	Zip 02909	
4. Business Phone No. 401-943-3370			5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Bar-Tavern serving alcoholic beverages						
US MAIL PERMIT NO. 1000 PROVIDENCE, RI 02909						
President Name Peter Troino			Vice-President Name Peter Troino			
Street Address c/o 622 Union Avenue			Street Address c/o 622 Union Avenue			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909	
Secretary Name Peter Troino			Treasurer Name Peter Troino			
Street Address c/o 622 Union Avenue			Street Address c/o 622 Union Avenue			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT						
Director Name None			Director Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name None			Director Name None			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED						
(X) SHARES ISSUED (X) BOX FOR ATTACHMENT						
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
				1000 SH	Common	NoParValue

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: 2-6-13
 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.

Peter Troino 01/28/2013
 Signature of Authorized Representative Date

Peter Troino
 Print or Type Name of Authorized Representative