



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 1st 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. 8554		2. Exact name of the Corporation Duffin's Pub, Inc.			
3. Principal office address 215 Division Street		City Pawtucket	State RI	Zip 02860	
4. Business Phone No. 726-9351		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island SALE OF FOOD AND BEVERAGE AND ALL BUSINESS RELATED THERETO					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Craig Duffin			Vice-President Name Vacant		
Street Address 25 Gilmore Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name Janice Duffin			Treasurer Name John P. Duffin, III		
Street Address 116 Margaret Street			Street Address 104 Ferris Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02861
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Craig Duffin			Director Name John P. Duffin, III		
Street Address 25 Gilmore Street			Street Address 104 Ferris Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02861
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
			10	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.

File Date _____

Check No _____

By: _____ BY _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Craig Duffin
Signature of Authorized Representative

02/01/2013

Date

CRAIG DUFFIN

Print or Type Name of Authorized Representative