



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. 58973		2. Exact name of the Corporation Benefit Street Pub, Inc.			
3. Principal office address 433 1/2 Benefit Street			City Pawtucket	State RI	Zip 02861
4. Business Phone No.			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island RETAIL LIQUORS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lisa Duqueno			Vice-President Name Jane Moreau		
Street Address 47 Butts Rock Road			Street Address 81 Ballston Avenue		
City Little Compton	State RI	Zip 02837	City Pawtucket	State RI	Zip 02861
Secretary Name Jane Moreau			Treasurer Name Lisa Duqueno		
Street Address 81 Ballston Avenue			Street Address 47 Butts Rock Road		
City Pawtucket	State RI	Zip 02861	City Little Compton	State RI	Zip 02837
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Lisa Duqueno			Director Name Jane Moreau		
Street Address Same as above			Street Address Same as above		
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
			20	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

MAR 06 2013

File Date _____

Check No _____

By: _____

BY

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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.

Lisa Duqueno

01/31/2013

Signature of Authorized Representative

Date

LISA DUQUENOY

Print or Type Name of Authorized Representative

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