



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

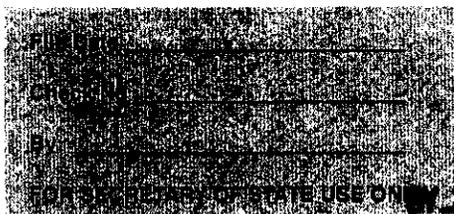
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

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. 108532		2. Exact name of the Corporation Saratoga Bar & Grill, Inc.				
3. Principal office address 41 Roseland Avenue			City Warwick	State RI	Zip 02886	
4. Business Phone No. 401-739-1446		5. State of Incorporation Rhode Island				
6. Brief description of the character of business conducted in Rhode Island To Own, Lease, Manage, Operate, Maintain and Conduct Taverns, Restaurants, Cafes, Bar and Cabaret						
7. OFFICERS (NAMES AND ADDRESSES) (* BOX FOR ATTACHMENT) <input type="checkbox"/>						
President Name Thomas Sheehan			Vice-President Name Richard Johnston			
Street Address 187 Pine Orchard Street			Street Address 52 Superior Street			
City West Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02886	
Secretary Name Thomas Sheehan			Treasurer Name Richard Johnston			
Street Address 187 Pine Orchard Street			Street Address 52 Superior Street			
City West Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02886	
8. DIRECTORS (NAMES AND ADDRESSES) (* BOX FOR ATTACHMENT) <input type="checkbox"/>						
Director Name Thomas Sheehan			Director Name Richard Johnston			
Street Address 187 Pine Orchard Street			Street Address 52 Superior Street			
City West Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02886	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED (* 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
				300	Common	None

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

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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.

Thomas Sheehan 2/18/13
 Signature of Authorized Representative Date

Thomas Sheehan
 Print or Type Name of Authorized Representative