

1. Entity ID No.

129394

## 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.

2. Exact name of the Corporation Vinbar Corporation

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

3. Principal office address PO Box 902			City Spencer	State MA	Zip <b>01562</b>	
4. Business Phone No. <b>508-885-9011</b>			5. State of Incorporati Rhode Island	5. State of Incorporation Rhode Island		
6. Brief description of the cl	haracter of business	conducted in Rhode I	sland			
To engage in and c	arry on the bus	iness of owning,	leasing and operating	g a restaurant.		
化的复数形式 医直接		ARTHEKONY.				
President Name Joseph J Spadea			Vice-President Name Same			
Street Address 121 Foster Hill Road			Street Address	Street Address		
City W.Brookfield	State MA	Zip <b>01585</b>	City	State	Zip 😁	
Secretary Name Same			Treasurer Name Same	Treasurer Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip 12: 55:	
	and to make the state of the	amenin is in the contract of t				
Director Name <b>None</b>			Director Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Director Name			Director Name	Director Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
BRIDGE AUGUMEN						
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
			100	Common	0	
This report must be execut	ted on behalf of the o this report mus	corporation by an auth st bereigen it on beha	orized representative. If the c alf of the corporation by the re	corporation is in the hands eceiver or trustee.	s of a receiver or trustee,	
		- <b></b>	Under penalty of pe	erjury, I declare and affir	m that I have examined	

APR 2 9 2013

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 berein are true and correct.

Signature of Authorized Representative

03/15/2013 Date

Joseph J Spadea

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012