



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. 419202		2. Exact name of the Corporation Triple P Inc.				
3. Principal office address 192 Columbus Avenue		City Pawtucket	State RI	Zip 02866	2013 DEC - 3 PM 12:51 SECRETARY OF STATE CORPORATIONS DIV	
4. Business Phone No. 401-475-3335		5. State of Incorporation Rhode Island				
6. Brief description of the character of business conducted in Rhode Island Bar and Grill						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
President Name Scott A. Polion			Vice-President Name Michael Paquette			
Street Address 94 Sterling Street			Street Address 19 Sayles Ave			
City Pawtucket	State RI	Zip 02860	City Lincoln	State RI	Zip 02865	
Secretary Name Michael Paquette			Treasurer Name Scott A. Polion			
Street Address 19 Sayles Ave			Street Address 94 Sterling Street			
City Lincoln	State RI	Zip 02865	City Pawtucket	State RI	Zip 02865	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Director Name Scott A. Polion			Director Name Michael Paquette			
Street Address 94 Sterling Street			Street Address 19 Sayles Avenue			
City Pawtucket	State RI	Zip 02865	City Lincoln	State RI	Zip 02865	
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
				300	n/a	n/a

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: _____

FILED

DEC 03 2013

12:51 pm

FOR SECRETARY OF STATE USE ONLY

By 212129

KM

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.

Signature of Authorized Representative _____ Date _____

Print or Type Name of Authorized Representative _____