



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 2014**

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. <b>96835</b>		2. Exact name of the Corporation Coliseum Sports Bar & Grille, Inc	
3. Principal office address 23 Greenville Avenue		City Johnston	State RI
		Zip 02919	
4. Business Phone No. 401-641-6497		5. State of Incorporation Rhode Island	
6. Brief description of the character of business conducted in Rhode Island Bar Serving Alcoholic Beverages And Food Items			

**7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)**

President Name James Williams			Vice-President Name James Williams		
Street Address 125 Lowell Avenue			Street Address 125 Lowell Avenue		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name James Williams			Treasurer Name James Williams		
Street Address 125 Lowell Avenue			Street Address 125 Lowell Avenue		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909

**8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)**

Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**9. SHARES AUTHORIZED**  **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

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
	1000 SH	Common	NoParValue

*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 \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

**FILED**  
 FEB 03 2014  
 5356  
 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: *James Williams Jr*  
 Date: 01/15/0014  
 Print or Type Name of Authorized Representative: JAMES WILLIAMS JR