



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. <u>551306</u>		2. Exact name of the Corporation <u>Atlantic Sports Pub, Inc.</u>			
3. Principal office address <u>70 Shore St.</u>		City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>	
4. Business Phone No. <u>401-624-3440</u>		5. State of Incorporation <u>Rhode Island</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Restaurant & Bar - Food & Beverage</u>					
President Name <u>Brian Dupere</u>			Vice-President Name <u>Brian Dupere</u>		
Street Address <u>4230 Main Rd.</u>			Street Address <u>same</u>		
City <u>Tiverton</u>	State <u>RI</u>	Zip <u>02878</u>	City	State	Zip
Secretary Name <u>Brian Dupere</u>			Treasurer Name <u>Brian Dupere</u>		
Street Address <u>same</u>			Street Address <u>same</u>		
City	State	Zip	City	State	Zip
Director Name <u>Brian Dupere</u>			Director Name		
Street Address <u>same</u>			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <u>1000</u>	CLASS/SERIES <u>Common</u>	PAR VALUE <u>None</u>

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 05 2014

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

Print or Type Name of Authorized Representative