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.	2. Exact name of the Corporation		
551306	Atlantic Sports Pub, Inc.		
3. Principal office address: 10 Shove St.	City: Tiverton	State: RI	Zip: 02878
4. Business Phone No.: 401-624-3440	5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: Restaurant & Bar - Food & Beverage			

President Name: Brian Dupere			Vice-President Name: Brian Dupere		
Street Address: 4730 Main Rd.			Street Address: Same		
City: Tiverton	State: RI	Zip: 02878	City	State	Zip
Secretary Name: Brian Dupere			Treasurer Name: Brian Dupere		
Street Address: Same			Street Address: Same		
City	State	Zip	City	State	Zip
Director Name: Brian Dupere			Director Name		
Street Address: Same			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	CLASS/SERIES	PAR VALUE
1000	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.

[redacted]

FILED
MAR 05 2014
CR219112

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.

/s/ Brian Dupere — 3/4/14
Signature of Authorized Representative — Date

Brian Dupere
Print or Type Name of Authorized Representative

SECRETARY OF STATE
CORPORATIONS DIV.
2014 MAR -5 PM 2:0

Form No. 630
Revised: 01/2012