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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
144476	Pipeline Restaurant, Inc.

3. Principal office address	City	State	Zip
99 Fortin Road, Unit 123	Kingston	RI	02881

4. Business Phone No.	5. State of Incorporation
781-727-2307	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
To own and operate a restaurant

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

President Name	Street Address	City	State	Zip
Bemjamin S. Wood	51 Petal Lane	Wakefield	RI	02879

Vice-President Name	Street Address	City	State	Zip
Jessica S. Wood	51 Petal Lane	Wakefield	RI	02879

Secretary Name	Street Address	City	State	Zip
Karen Sorem Wood	51 Petal Lane	Wakefield	RI	02879

Treasurer Name	Street Address	City	State	Zip
Thomas Wood	51 Petal Lane	Wakefield	RI	02879

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

Director Name	Street Address	City	State	Zip
Benjamin S. Wood	51 Petal Lane	Wakefield	RI	02879

Director Name	Street Address	City	State	Zip
Jessica S. Wood	51 Petal Lane	Wakefield	RI	02879

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	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.

File Date
Check No
By:
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 07 2014
BY 13147

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.

3/1/14
Signature of Authorized Representative — Date

Benjamin S. Wood, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
103739-33-951612