



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

BENEFIT 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>38285</u>		2. Exact name of the Corporation <u>PJAY'S PUB INC</u>	
3. Principal office address <u>6 Crossman St</u>		City <u>Central Falls</u>	State <u>RI</u>
		Zip <u>02863</u>	
4. Business Phone No. <u>(401) 726-6131</u>		5. State of Incorporation <u>RI</u>	
6. Brief description of the character of business conducted in Rhode Island <u>sale of beer, wine, liquor</u>			
7. LIST ALL OFFICERS & DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Joseph A Yelle Jr</u>		Vice-President Name <u>Katricia J Yelle</u>	
Street Address <u>95 Armistice Blvd</u>		Street Address <u>95 Armistice Blvd</u>	
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>Pawtucket</u>
Secretary Name <u>Katricia J Yelle</u>		Treasurer Name <u>Joseph A. Yelle Jr</u>	
Street Address <u>same</u>		Street Address <u>same</u>	
City	State	Zip	City
Benefit Officer (if applicable) <u>N/A</u>		Benefit Director (if applicable) <u>N/A</u>	
Street Address		Street Address	
City	State	Zip	City
Director Name <u>N/A</u>		Director Name <u>N/A</u>	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	

<input type="checkbox"/> Check if stock is publicly traded. 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
	<u>2</u>	<u>2</u>	<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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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BY 1696

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.

Joseph Yelle 3-10-14
 Signature of Authorized Representative Date

JOSEPH YELLE
 Print or Type Name of Authorized Representative