



**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>5746</b>		2. Exact name of the Corporation <b>DOB INC</b>		
3. Principal office address <b>15 ELBOW STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
4. Business Phone No. <b>401-331-6761</b>		5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>TAVERN SALES OF BEVERAGES + SERVICE</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>John J DORR</b>		Vice-President Name <b>John J DORR</b>		
Street Address <b>58 DOLPHIN ROAD</b>		Street Address <b>SAME</b>		
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City	State
Secretary Name <b>John J DORR</b>		Treasurer Name <b>John J DORR</b>		
Street Address <b>SAME</b>		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>John J DORR</b>		Director Name		
Street Address <b>SAME</b>		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
		<b>1000</b>	<b>COMMON</b>	<b>NO PAR</b>

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

**MAR 12 2014**

BY **11954**

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

Date

**3-1-2014**

**John J DORR** PRESIDENT  
 Print or Type Name of Authorized Representative