



**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 2015**

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>72279</b>		2. Exact name of the Corporation Vic's Tap Inc.								
3. Principal office address c/o 622 Union Avenue			City Providence	State RI	Zip 02909					
4. Business Phone No. 401-943-3370			5. State of Incorporation Rhode Island							
6. Brief description of the character of business conducted in Rhode Island Bar/Lounge/Tavern Serving Alcoholic Beverages										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>										
President Name Peter Troino			Vice-President Name Peter Troino							
Street Address c/o 622 Union Avenue			Street Address c/o 622 Union Avenue							
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909					
Secretary Name Peter Troino			Treasurer Name Peter Troino							
Street Address c/o 622 Union Avenue			Street Address c/o 622 Union Avenue							
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name None			Director Name None							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
Director Name None			Director Name None							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
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		
						1000 SH	Common	NoParValue		

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**

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.

*Peter Troino*

01/14/2015

Signature of Authorized Representative

Date

Peter Troino

Print or Type Name of Authorized Representative

JAN 22 2015

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