



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. 5917		2. Exact name of the Corporation BROWNSTONE, INC.			
3. Principal office address 270 THAMES STREET			City NEWPORT	State RI	Zip 02840
4. Business Phone No. 401-846-5652			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island BAR AND RESTAURANT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name GARY J. KILROY			Vice-President Name DAVID KILROY		
Street Address 270 THAMES STREET			Street Address PARADISE AVENUE		
City NEWPORT	State RI	Zip 02840	City MIDDLETOWN	State RI	Zip 02842
Secretary Name GARY J. KILROY			Treasurer Name DAVID KILROY		
Street Address 270 THAMES STREET			Street Address PARADISE AVENUE		
City NEWPORT	State RI	Zip 02840	City MIDDLETOWN	State RI	Zip 02842
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name GARY J. KILROY			Director Name DAVID KILROY		
Street Address 285 THIRD BEACH ROAD			Street Address PARADISE AVENUE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
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
			100	COMMON	NO PAR

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

Form No. 630
Revised: 01/2012

FILED
JAN 23 2015
33012

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

Print or Type Name of Authorized Representative

Gary J. Kilroy **1-13-15**
Gary J. Kilroy **1-13-15**