



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

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. 000105953		2. Exact name of the Corporation TRACK 84 INC			
3. Principal office address 84 KILBET ST		City WARWICK	State R.I	Zip 02886	
4. Business Phone No. 401-739-8484		5. State of Incorporation			
6. Brief description of the character of business conducted in Rhode Island ADMINISTRATION, SUPERVISION, AND OPERATION OF A RETAIL RESTAURANT & BAR AND OWNERSHIP, POSSESSION & MANAGEMENT RIGHT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name NANCY LONGMAN			Vice-President Name DAVID A. LONGMAN		
Street Address 80 DRAPEL AVE			Street Address 439 PRINCESS AVE		
City WARWICK	State R.I	Zip 02886	City CRANSTON	State R.I	Zip 02920
Secretary Name DAVID A. LONGMAN			Treasurer Name NANCY LONGMAN		
Street Address 439 PRINCESS AVE			Street Address 80 DRAPEL AVE		
City CRANSTON	State R.I	Zip 02920	City WARWICK	State R.I	Zip 02886
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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 600	CLASS/SERIES CNP	PAR VALUE 0.000

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

FEB 18 2015

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.

David A. Longman

Signature of Authorized Representative

Date

DAVID A. LONGMAN

Print or Type Name of Authorized Representative

A. A. - 11:03A.m

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
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