



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. 1000221		2. Exact name of the Corporation Doherty's Lakeside Alehouse, Inc.			
3. Principal office address 941 West Shore Road			City Warwick	State RI	Zip 02889
4. Business Phone No. 401-641-7608		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island restaurant and bar					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Frank Peace			Vice-President Name John Doherty		
Street Address 941 West Shore Road			Street Address 941 West Shore Road		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name James Sullivan			Treasurer Name James Sullivan		
Street Address 941 West Shore Road			Street Address 941 West Shore Road		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name James Sullivan			Director Name John Doherty		
Street Address 109 Vineyard Road			Street Address 342 East Avenue		
City Warwick	State RI	Zip 02889	City Pawtucket	State RI	Zip 02860
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	CLASS/SERIES	PAR VALUE
			790	Class A	\$0.01
			210	Class B	\$0.01

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 _____

FILED

Check No _____

MAR 02 2015

By: _____

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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.

James Sullivan
 Signature of Authorized Representative

02/27/2015

Date

James Sullivan

Print or Type Name of Authorized Representative

KM