



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.

2015

1. Entity ID No. 57960		2. Exact name of the Corporation Sole Seabury Assoc., Inc	
3. Principal office address 3852 Main Rd		City Tiverton	State RI
4. Business Phone No. 401-624-2600		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island Restaurant			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Rosalind Weir		Vice-President Name Oliver Weir	
Street Address P.O. Box 98		Street Address 101 Grove Ave	
City Adamsville	State RI	City Corte Madera	State CA
Zip 02801		Zip 94925	
Secretary Name Oliver Weir		Treasurer Name Chester Weir	
Street Address 101 Grove Ave		Street Address 2019 E. Newton St	
City Corte Madera	State CA	City Seattle	State WA
Zip 94925		Zip 98112	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Rosalind Weir		Director Name Chester Weir	
Street Address P.O. Box 98		Street Address 2019 E. Newton St	
City Adamsville	State RI	City Seattle	State WA
Zip 02801		Zip 98112	
Director Name Oliver Weir		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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
		8000	
		PAR VALUE	1.00

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

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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.

Rosalind M Weir 3/2/15  
Signature of Authorized Representative Date  
Rosalind M. Weir  
Print or Type Name of Authorized Representative