



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 2016

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. <u>2193</u>		2. Exact name of the Corporation <u>BEEF BARN, INC.</u>			
3. Principal office address <u>1 GREENVILLE ROAD</u>		City <u>No. Smithfield,</u>	State <u>R.I.</u>	Zip <u>02896</u>	
4. Business Phone No. <u>401-762-9880</u>		5. State of Incorporation <u>R.I.</u>			
6. Brief description of the character of business conducted in Rhode Island <u>FAST FOOD RESTAURANT</u>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>MARC M. BRANCHAUD</u>		Vice-President Name <u>SAME</u>			
Street Address <u>7 TROUT BROOK LANE</u>		Street Address			
City <u>No. Smithfield,</u>	State <u>R.I.</u>	Zip <u>02896</u>	City	State	Zip
Secretary Name <u>SAME</u>		Treasurer Name <u>SAME</u>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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	CLASS/SERIES	PAR VALUE
			<u>40</u>	<u>Common</u>	<u>No Par Value</u>

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: _____

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.

Marc M. Branchaud 1/26/16
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

FEB 01 2016

MARC M. BRANCHAUD
 Print or Type Name of Authorized Representative

By KL 6378