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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.	2. Exact name of the Corporation
8770	R. MC CORMACK'S INCORPORATED

3. Principal office address	City	State	Zip
312 VEAZIE STREET	PROVIDENCE	RI	02908

4. Business Phone No.	5. State of Incorporation
401-831-9196	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
PUB

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
RICHARD MC CORMACK	KELLY MC CORMACK
Street Address: 312 VEAZIE STREET	Street Address: 312 VEAZIE STREET
City: PROVIDENCE, State: RI, Zip: 02908	City: PROVIDENCE, State: RI, Zip: 02908
Secretary Name	**Treasurer Name**
KEELY MC CORMACK	KELLY MC CORMACK
Street Address: 312 VEAZIE STREET	Street Address: 312 VEAZIE STREET
City: PROVIDENCE, State: RI, Zip: 02908	City: PROVIDENCE, State: RI, Zip: 02908

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
KELLY MC CORMACK	
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) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	100	COMMON A	NO/PAR

FILED
FEB 08 2016

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.

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.

Richard J. McCormack 2/2/16
Signature of Authorized Representative — Date

RICHARD MC CORMACK
Print or Type Name of Authorized Representative

File Date
Check No. 7595
By:
FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012
132231-41-1107578