



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2016 SEP -8 AM 11:26

1. Entity ID Number <u>000148177</u>		2. Exact name of the Corporation <u>GARRITY PUB &amp; RESTAURANT, INC.</u>		
3. Principal Office Address <u>29 RANDOLPH AVE.</u>		City <u>S. Attleboro</u>	State <u>MA</u>	Zip <u>02703</u>
4. Business Phone Number <u>401-725-4260</u>		5. State of Incorporation <u>RI</u>		
6. Brief description of the character of business conducted in Rhode Island <u>RESTAURANT</u>				
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
President Name <u>ARMAND J. DESNOYERS</u>		Vice-President Name <u>ARMAND J. DESNOYERS</u>		
Street Address <u>29 RANDOLPH AVE.</u>		Street Address <u>//</u>		
City <u>S. Attleboro</u>	State <u>MA</u>	Zip <u>02703</u>	City <u>//</u>	State <u>//</u>
Secretary Name <u>//</u>		Treasurer Name <u>//</u>		
Street Address <u>//</u>		Street Address <u>//</u>		
City <u>//</u>	State <u>//</u>	Zip <u>//</u>	City <u>//</u>	State <u>//</u>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>				
Director Name <u>ARMAND J. DESNOYERS</u>		Director Name <u>ARMAND J. DESNOYERS</u>		
Street Address <u>29 RANDOLPH AVE</u>		Street Address <u>//</u>		
City <u>S. Attleboro</u>	State <u>MA</u>	Zip <u>02703</u>	City <u>//</u>	State <u>//</u>
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
		NUMBER OF SHARES <u>100</u>	CLASS/SERIES	PAR VALUE
11. 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. <b>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.</b>				
Name of Authorized Representative <u>Armand J. Desnoyers</u>			Date <u>9-1-16</u>	
Signature of Authorized Representative <u>Armand J. Desnoyers</u> <span style="float: right;">SIGN DOCUMENT HERE</span>				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY QB 283033