



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 104948		2. Exact name of the Corporation INP Beverage Services, Inc.			
3. Principal Office Address 1140 Reservoir Avenue		City Cranston		State RI	Zip 02920
4. NAICS Code 72	6. Brief description of the character of business conducted in Rhode Island To engage in the business of owning and operating a restaurant and lounge and holder of the liquor license for Ocean Rose.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elizabeth A. Procaccianti			Vice-President Name None		
Street Address 1140 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Elizabeth A. Procaccianti			Treasurer Name Elizabeth A. Procaccianti		
Street Address 1140 Reservoir Avenue			Street Address 1140 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Elizabeth A. Procaccianti			Director Name None		
Street Address 1140 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
100		Common		\$1.00	
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.					
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.					
Name of Authorized Representative Elizabeth A. Procaccianti, President				Date 1-25-17	
Signature of Authorized Representative 				FILED JAN 26 2017 4118	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

BY

FORM 630 - Revised: 10/2016