



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 64692		2. Exact name of the Corporation MAIN STREET SPORTS PUB INC.			
3. Principal Office Address 200 Centerville Road, Suite 4			City Warwick	State RI	Zip 02886
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island restaurant and lounge			
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 Robert McFerran			Vice-President Name N/A		
Street Address 16 Oak Street			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Secretary Name Robin A. Boyer			Treasurer Name N/A		
Street Address 54 Robinwood Drive			Street Address		
City Hope	State RI	Zip 02831	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an 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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	none
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 Robert McFerran, President				Date 1-26-17	
Signature of Authorized Representative 				FILED BY 12459	

MAIL TO:
 Division of Business Services
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