



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 4571		2. Exact name of the Corporation Common Pub, Inc.												
3. Principal Office Address 421 Wood Street		City Bristol		State RI	Zip 02809									
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island Retail liquor business												
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 Anthony Poissant		Vice-President Name none												
Street Address 421 Wood Street		Street Address												
City Bristol	State RI	Zip 02809	City	State	Zip									
Secretary Name Anthony Poissant		Treasurer Name none												
Street Address 421 Wood Street		Street Address												
City Bristol	State RI	Zip 02809	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 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"/>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>100 shs</td><td>common</td><td>no par</td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100 shs	common	no par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100 shs	common	no par												
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 Anthony Poissant				Date 1/11/17										
Signature of Authorized Representative 														

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY

FEB 10 2017

FORM 630 - Revised: 10/2016