



**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 2017**

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. <b>796438</b>		2. Exact name of the Corporation <b>EAST GREENWICH RESTAURANT GROUP, INC.</b>					
3. Principal office address <b>111 Queen Street - No. 1</b>				City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	
4. Business Phone No.				5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Restaurant</b>							
President Name <b>Mark G. Finn</b>				Vice-President Name			
Street Address <b>217 Cedar Avenue</b>				Street Address			
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>		City	State	Zip	
Secretary Name <b>Mark G. Finn</b>				Treasurer Name <b>Mark G. Finn</b>			
Street Address <b>217 Cedar Avenue</b>				Street Address <b>217 Cedar Avenue</b>			
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>		City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	
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	
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.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				100	Common	No Par Value	

*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.*

**FILED** *or*  
**MAR 09 2017**  
*11797*

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.

*Mark G. Finn* *228-17*  
 Signature of Authorized Representative Date  
**Mark G. Finn, President**  
 Print or Type Name of Authorized Representative