



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.

RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 MAR 15 AM 10:55

1. Entity ID Number 131505		2. Exact name of the Corporation O'Rourke's Bar & Grille, Inc.			
3. Principal Office Address 23 Peck Lane			City Warwick	State RI	Zip 02888
4. NAICS Code 72 - Accommodation and Food	6. Brief description of the character of business conducted in Rhode Island To own and manage a restaurant and bar				
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 Laurie A. O'Rourke			Vice-President Name Lane Deyoe		
Street Address 192 Parkside Drive			Street Address 11997 North Lake Drive		
City Warwick	State RI	Zip 02888	City Boynton Beach	State FL	Zip 33436
Secretary Name Laurie A. O'Rourke			Treasurer Name Laurie A. O'Rourke		
Street Address 192 Parkside Drive			Street Address 192 Parkside Drive		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Laurie A. O'Rourke			Director Name Lane Deyoe		
Street Address 192 Parkside Drive			Street Address 11997 North Lake Drive		
City Warwick	State RI	Zip 02888	City Boynton Beach	State FL	Zip 33436
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"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			500	Common	No 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. 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 Laurie A. O'Rourke					Date March 13, 2017
Signature of Authorized Representative <i>Laurie A. O'Rourke</i>					

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

FILED

MAR 15 2017

FORM 630 - Revised: 02/2017

10:55
 BY *Opb* 298238