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	2. Exact name of the Corporation
508240	**101 BAR & GRILL, INC.**

3. Principal Office Address	City	State	Zip
1478 Atwood Avenue	**Johnston**	**RI**	**02919**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81 - Other Services (except	**eating and drinking establishment**
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Peter Matteo			**none**		
Street Address **1478 Atwood Avenue**			Street Address		
City **Johnston**	State **RI**	Zip **02919**	City	State	Zip
Secretary Name **Peter Matteo**			Treasurer Name **Peter Matteo**		
Street Address **1478 Atwood Avenue**			Street Address **1478 Atwood Avenue**		
City **Johnston**	State **RI**	Zip **02919**	City **Johnston**	State **RI**	Zip **02919**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**600**	**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	Date
Peter Matteo, President	3/1/2017

Signature of Authorized Representative

Peter Matteo

FILED
MAR 20 2017
BY 1335 DS

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov