



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 3535		2. Exact name of the Corporation CAP'N JACK'S, INC.			
3. Principal Office Address 706 Succotash Road			City Wakefield	State RI	Zip 02879
4. NAICS Code 72 - Accommodation and Food		6. Brief description of the character of business conducted in Rhode Island To engage in all facets of the restaurant and food service industry.			
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 Jack O. Piemonte			Vice-President Name Martha Piemonte		
Street Address 706 Succotash Road			Street Address 706 Succotash Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Martha Piemonte			Treasurer Name Jack O. Piemonte		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jack O. Piemonte			Director Name		
Street Address Same as above			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		
			- 0 -		
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 Jack O. Piemonte				Date March 23, 2017	
Signature of Authorized Representative <i>Jack O. Piemonte</i>					

FILED *DZ*

MAR 27 2017

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