



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 BUS SVCS DIV
 2017 SEP 11 PM 1:57

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 130948		2. Exact name of the Corporation ARI Ventures, Inc.			
3. Principal Office Address 140 Point Judith Rd Unit A7			City Narragansett	State RI	Zip 02882
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Provide the public an establishment that serves food, beverages + entertainment			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael P. O'Connor			Vice-President Name		
Street Address 14 Robertson Rd.			Street Address		
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
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			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 <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			
		500		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 Michael P. O'Connor			FILED		Date 8.28.17
Signature of Authorized Representative 			SEP 11 2017		
			SIGN DOCUMENT HERE		
			BY <u>LE</u> 3/28/17		