



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

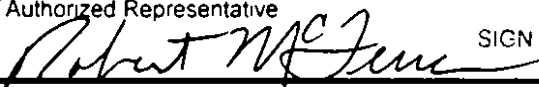

Annual Report for the year: **2018**
Corporation

STAMP

→ 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 64692		2. Exact name of the Corporation MAIN STREET SPORTS PUB INC.												
3. Principal Office Address 200 Centerville Road, Suite 4			City Warwick	State RI	Zip 02886									
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island restaurant and lounge												
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 Robert McFerran			Vice-President Name N/A											
Street Address 16 Oak Street			Street Address											
City West Warwick	State RI	Zip 02893	City	State	Zip									
Secretary Name Robin A. Boyer			Treasurer Name N/A											
Street Address 54 Robinwood Drive			Street Address											
City Hope	State RI	Zip 02831	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.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>common</td> <td>none</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	common	none			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	common	none												
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 Robert McFerran, President					Date 1-10-18									
Signature of Authorized Representative  SIGN DOCUMENT HERE FILED 														

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

JAN 22 2018

BY 12722

FORM 630 - Revised: 10/2017