



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

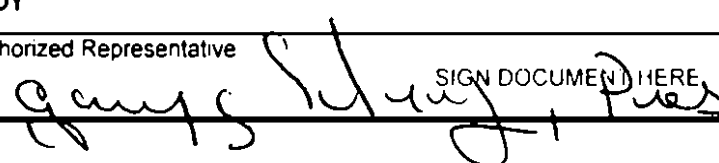
FILED

FEB 23 2018

BY 36049
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Annual Report for the year: 2018
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. Entry ID Number 5917		2. Exact name of the Corporation BROWNSTONE, INC.			
3. Principal Office Address 270 THAMES STREET		City NEWPORT		State RI	Zip 02840
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island BAR AND RESTAURANT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name GARY J. KILROY			Vice-President Name DAVID KILROY		
Street Address 285 THIRD BEACH ROAD			Street Address 600 PARADISE AVENUE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Secretary Name GARY J. KILROY			Treasurer Name DAVID KILROY		
Street Address 285 THIRD BEACH ROAD			Street Address 600 PARADISE AVENUE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name GARY J. KILROY			Director Name DAVID KILROY		
Street Address 285 THIRD BEACH AVENUE			Street Address 600 PARADISE AVENUE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 ☐		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE NO PAR
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 GARY J. KILROY					Date Feb 1, 2018
Signature of Authorized Representative  SIGN DOCUMENT HERE					

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