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

**FILED**
FEB 23 2018
BY 36049

## 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. Entity ID Number | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 5917 | BROWNSTONE, INC. | | | |
| 3. Principal Office Address | | City | State | Zip |
| 270 THAMES STREET | | NEWPORT | RI | 02840 |
| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island | | | |
| 722511 | 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. KILORY | | | 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

**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 | CLASS/SERIES | PAR VALUE |
|---|---|---|
| 100 | COMMON | 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: Gary J. Kilroy, Pres

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

**FORM 630 - Revised: 10/2017**