



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 131505		2. Name of Corporation O'Rourke's Bar & Grille, Inc.		
3. Street Address (Principal Business Office) 23 Peck Lane		City Warwick	State RI	Zip 02888
4. Business Phone No. 401-499-7065		5. State of Incorporation RHODE ISLAND		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND MANAGE A RESTAURANT AND BAR				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Michael O'Rourke		Vice President Name Lane Deyoe, M.D.		
Street Address 192 Parkside Drive		Street Address 4770 Bucida Road		
City Warwick	State RI	Zip 02888	City Blynton Beach	State FL
Secretary Name Michael O'Rourke		Treasurer Name Michael O'Rourke		
Street Address 192 Parkside Drive		Street Address 192 Parkside Drive		
City Warwick	State RI	Zip 02888	City Warwick	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Michael O'Rourke		Director Name		
Street Address 192 Parkside Drive		Street Address		
City Warwick	State RI	Zip 02888	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 NO PAR VALUE			500	common
				no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED

File Date **MAR 03 2005** 3286

Check No. **15**

By **MB**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer **Michael O'Rourke** Date **3/3/2005**

MICHAEL O'ROURKE

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

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Street Address 192 Parkside Drive			Street Address 4770 Bucida Road		
City Warwick	State RI	Zip 02888	City Boynton Beach	State FL	Zip 33436
Secretary Name Michael O'Rourke			Treasurer Name Michael O'Rourke		
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 3 1 5 0 5 *

File Date 3-1-04
Check No. 2879
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 2-14-04
Signature of Officer Date
Michael O'Rourke
Print or Type Name of Officer
President.
Title of Officer