



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 JUL 27 AM 9:53

1. Entity ID Number 000010961		2. Exact name of the Corporation Laforge Casino Restaurant, INC.												
3. Principal Office Address 53 Kay Boulevard			City Newport	State RI	Zip 02840									
4. NAICS Code 72611 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Peter T Crowley			Vice-President Name											
Street Address 52 Kay Boulevard			Street Address											
City Newport	State RI	Zip 02840	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 Peter T Crowley			Director Name											
Street Address 52 Kay Boulevard			Street Address											
City Newport	State	Zip 02840	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>600</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	600	common	none			
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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 Peter T Crowley				Date July 20, 2018										
Signature of Authorized Representative 				SIGN DOCUMENT HERE FILED										

9:53 JUL 27 2018
BY 020735756