



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

*5/28/18*

RECEIVED STATE SECRETARY OF CORPORATION DIV  
 2018 SEP 27 AM 11:03

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 <b>148683</b>		2. Exact name of the Corporation <b>THPP, Inc</b>	
3. Principal Office Address <b>409 Atwells Ave</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02909</b>	
4. NAICS Code <b>72251</b>	5. Brief description of the character of business conducted in Rhode Island <b>Restaurant / Bar / Cigar Bar / tobacco</b>		
5. State of Incorporation <b>RI</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>			
President Name <b>Michael Shine</b>		Vice-President Name	
Street Address <b>35 Westford Ave</b>		Street Address	
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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 <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>S TK</b>
			PAR VALUE <b>0.00</b>
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. <b>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.</b>			
Name of Authorized Representative <b>Kerry Shine</b>		Date <b>9/27/18</b>	
Signature of Authorized Representative <i>Kerry Shine</i>			

**FILED**  
 SEP 27 2018  
 BY *[Signature]* NJHEQ  
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