

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

STAMP

ANNUAL	REPORT	FOR	THE	YEAR	2019
Carparation	•				

Filing Period: January 1 - March 1
Filing Fee: \$50.00
Penalty: Additional \$25.00 fee if form is not filed by April 1

1. Corporate ID No.	2. Name of Carpa							
000106896		ORT'S BAR & GRILL, II						
3. Street Address Principal Business Office 1925 Pawtucket Avenue			East Providence	State R1	02914			
422511 Rhode Is		5. State of Incorporation Rhode Island						
6. Brief Description of the Chara Operation of family st		cted in Rhode Island						
		CERS: ("X" BOX FOR ATT	CHMENT) FILL, IN SPACES BEFORE USING ATTACHMENTS Vice President Name Gregg P. Davenport					
Street Address 1925 Pawtucket Avenue			Street Address 1925 Pawtucket Avenue					
City East Providence	State R1	02914	City East Providence	State RI	^{Zip} 02914			
Secretary Name Gregg P. Davenport			Treasurer Name Gregg P. Davenport					
Sireel Address 1925 Pawtucket Avenue			Street Address 1925 Pawtucket Avenue					
Cuy East Providence	State RI	^{Zip} 02914	City East Providence	State RI	^{Zip} 02914			
8. NAMES AND ADDRESS Director Name Gregg P. Davenport Street Address	SES OF THE DIREC	CTORS: ("X" BOX FOR AT	TACHMENT) FILL Director Name	IN SPACES BEFORE	USING ATTACHMENTS			
1925 Pawtucket Aven	ue							
City East Providence	State RI	^{Ζίρ} 02914	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
Cuy	State	Zip	City	State	Zıp			
9. SHARES AUTHORIZE	D: ("X" BOX FOR	TTACHMENT)	10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT)					
This information is curren	atly of record in the	Office of the Secretary of	Number of Shares	Class/Series	Par Value			
State. Changes require an additional filing. See Section 9 of instruction sheet.			1000 shares common stock no par value					
11. This report must be ex	ecuted on hehalf of	the composation by an auti	horized representative If t	the corporation is in t	he hands of a receiver or			
trustee, this report must be				vorporation is in t				
nder penalty of perjury, I decla ntaiped herein are true and o		ave examined this report, inc	luding any accompanying sc	hedules and statements	, and that all statements			
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Yghature /		,		Date !	,			
Gregg P. Davenport								
rint or Type Name	CII FD							
President Tule								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JAN 22 2019

Form 630 - Revised: 10/2016