

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2019
Corporation	2019

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

SECRETARY SET TO	
SECRETARY OF STATE CORPORATIONS DIV	

2019 MAR - 1 AM 11: 44

Entity ID Number	2. Exact nar	2. Exact name of the Corporation						
1689661	· · · · · · · · · · · · · · · · · · ·							
3. Principal Office Address			City		State	Zip		
99 Hicks Street			East Prov	vidence	RI	02914		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
722410	Operation of a bar/tavern with food services/restaurant							
5. State of Incorporation	7							
Rhode Island								
7. List ALL officers (names and a	addresses)		•	Che	ck the box to inc	dicate an attachment		
President Name Thomas F. Price			Vice-President Name Patricia M. Price					
Street Address 99 Hicks Street			Street Address 99 Hicks Street					
City East Providence	State RI	^{Z₁p} 02914	City East F	Providence	State RI	Zip 02914		
Secretary Name Ashley A. Almeida			Treasurer Name Ashley A. Almeida					
Street Address 99 Hicks Street		Street Address 99 Hicks Street						
City East Providence	State RI	Zip 02914	City East Providence		State RI	Zip 02914		
8. List ALL directors (names and	addresses)	· · · · · · · · · · · · · · · · · · ·		Che	eck the box to inc	dicate an attachment		
Director Name Thomas F. Price				ne Patricia M. Price				
Street Address 99 Hicks Street		<u> </u>	Street Addre	99 Hicks Street	· · ·	•		
City East Providence	State Ri	^{Zip} 02914	City East Providence		State RI	^{Zip} 02914		
Director Name			Director Nar	ne	•	****		
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
9. Shares Authorized	·	10. Shares Iss				licate an attachment		
This information is currently of red Department of State.	his information is currently of record in the		NUMBER OF SHARES		RIES	PAR VALUE		
Changes require an additional filing.		100		Common		No Par Value		
Onanges require an additional min	·y·	1						
11. This report must be executed					rporation is in the	e hands of a receiver or		
trustee, this report must be executive the condition of perjury, I dec					ompanying sch	nedules and		
statements, and that all statem	ents contained							
Name of Authorized Representat Thomas F. Price, President		5 5 1711 65 00		FILED	Date 2 -	25-2019		
Signature of Authorized Represe	ntative	<u>ቱ ፡ SI Hd 62 አነ</u>	,, ,	•		- 17		
Thomas FV		re or significant		MAR 29 2019				
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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