



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

Annual Report for the year: 2019
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

2019 JUL 19 PM 12:58

1. Entity ID Number 000796596		2. Exact name of the Corporation Bar 5, Inc			
3. Principal Office Address 116 Danielson Pike			City Scituate	State RI	Zip 02857
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island OPERATING A BAR AND 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 CHRISTOPHER J. CATANZARO			Vice-President Name ANDREW J. CATANZARO		
Street Address 116 Danielson Pike			Street Address 116 Danielson Pike		
City Scituate	State RI	Zip 02857	City Scituate	State RI	Zip 02857
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			Director Name		
Street Address			Street Address		
City	State	Zip	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.		NUMBER OF SHARES		CLASSIFIERS	PAR VALUE
		400	CWP	\$0.01	
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 <i>Christopher Catanzaro</i>					Date 2/18/19
Signature of Authorized Representative <i>CHRISTOPHER CATANZARO</i>					FILED

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 BY **3ZTVG**
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