

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionRECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIVAnnual Report for the year:
Corporation2019

2019 SEP 10 P 12:31

- 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 <u>000133595</u>		2. Exact name of the Corporation <u>MOE'S place inc.</u>			
3. Principal Office Address <u>103 Plainfield St.</u>			City <u>PROV</u>	State <u>RI</u>	Zip <u>02909</u>
4. NAICS Code <u>722410</u>		6. Brief description of the character of business conducted in Rhode Island <u>BAR-lounge</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>MARC DURE</u>			Vice-President Name		
Street Address <u>12 Rankin Ave</u>			Street Address		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02908</u>	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			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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES <u>2000</u>	CLASS/SERIES <u>Common</u>	PAR VALUE <u>NO-PAR</u>
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 <u>MARC DURE</u>				Date <u>9-10-19</u>	
Signature of Authorized Representative <u>[Signature]</u>				FILED	

SEP 10 2019

MAIL TO:
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 Website: www.sos.ri.gov

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