



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2019 SEP 26 PM 3:54

1. Entity ID Number 000139312		2. Exact name of the Corporation Mickey's Valley View Pub, Inc.			
3. Principal Office Address 46 Carpenter Street			City Cumberland	State RI	Zip 02864
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island Sale of Beverages, Food & Entertainment			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Barbara A. McDermott, Trustee			Vice-President Name Barbara A. McDermott, Trustee		
Street Address 19 Riverview Avenue			Street Address 19 Riverview Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Barbara A. McDermott, Trustee			Treasurer Name Barbara A. McDermott, Trustee		
Street Address 19 Riverview Avenue			Street Address 19 Riverview Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Barbara A. McDermott, Trustee			Director Name		
Street Address 19 Riverview Avenue			Street Address		
City Bristol	State RI	Zip 02809	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		
			CLASS/SERIES		PAR VALUE
			100		No Par
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 Barbara A. McDermott					Date 9/21/19
Signature of Authorized Representative <i>Barbara A. McDermott</i>					

FILED

SEP 26 2019