RI SOS Filing Number: 201930396520 Date: 12/18/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

CORPORATIONS DIV

Annual Report for the year: Non-Profit Corporation

20/9

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-> Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25,00 fee if form is not filed by July 30.

·			
1. Entity ID Number	2. Exact name of the Corporation		
32035	Poetosoise	Independent Bar	id Chb
3. State of Incorporation	5. Brief description of the characte	er of business conducted in Rhode Is	and
74		0 ( .	
4. NAICS Code	Social Clus.	for Mender	
8/3410			
6. Principal Office Address	16	City	State Zip
588 Wood	·=	Bruto(	RI ochog
7. List ALL officers (names and addresses)  Check the box to indicate an attachment			
President Name MANUEL Alasside		Vice-President Name Canlos Milary	
Street Address 102 Constitution St		Street Address	
City Broth	<del></del>	City Stand	
Secretary Name		Baistol	State Zip ozbof
Secretary Name  Note of Pacheco		Shinky Almarda	
Bracked .	5+	Street Address Constitution	tion 5+
City Brusth	State RI Zip 2609	City Butol	State Zip 02009
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.			
Director Name / P H   Director Name / O / -			ck the box to indicate an altachment
Street Address		Director Name Mike Olivirale	
Lang St		Street Address Bag VIN Aor	
city East Paux	State PI Zip 2914	City Bristoc	State RF Zip 6284
Director Name + RAposu		Director Name Antario Ayla	
Street Address Metacon Are		Street Address Highrian D-	
city Briskl	State RI Zip 0280)	City Bashel	State P.T. Zip
<ol><li>Registered Agent in Rhode Islan</li></ol>	d. This information is currently of record	in the Department of State. Changes rec	quire filing Form 641
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative			
Signature of Officer/Authorized Property			12/18/19
Signature of Officer/Authorized Representative			
DEC 1 8 2019			
MAIL TO:			

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov BY 4124