RI SOS Filing Number: 202035453170 Date: 2/26/2020 4:00:00 PM

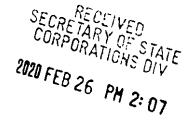
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual	Report	for the	year:
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Corporation

2020



→	Filina	neriod:	Januar	. 1	- March 1
$\overline{}$	rung	periou.	January	y 1	- IVIAI CII I

→ Filing Fee: \$50.00

→ Penaity: Additional \$25		•						
1. Entity ID Number 56870		ne of the Corporatio	n					
30070	JAK Nig	JHR Night Club, Inc.						
Principal Office Address			City	•	State	Zip		
140 Fox Run			East Greenv	wich	RI	02818		
4. NAICS Code 81 34 10 5. State of Incorporation RI	6. Brief desc Night club	Brief description of the character of business conducted in Rhode Island Night club						
7. List ALL officers (names an	id addresses)			Check	the box to i	ndicate an attachment 🔲		
President Name John Readey, Jr.			Vice-President Name John Readey, Jr.					
Street Address 140 Fox Run			Street Address	Street Address 140 Fox Run				
City East Greenwich	State RI	^{Zip} 02818	City East Gr	eenwich	State RI	^{Zip} 02818		
Secretary Name								
Street Address			Street Address					
City	State	Zip	City	· · · · · · · · · · · · · · · · · · ·	State	Zip		
8. List ALL directors (names a	and addresses)	· · · · · · · · · · · · · · · · · · ·		Check	the box to i	ndicate an attachment		
Director Name Director Name								
Street Address		Street Address						
City	State	Zip	City		State	Zip		
Director Name		, , l	Director Name)	I .	•		
Street Address			Street Address					
City	State	Zip	City		State	Zip		
9. Shares Authorized	1	10. Shares Iss	sued	Checl	the box to i	ndicate an attachment		
This information is currently of	record in the	NUMBER C		CLASS/SERI		PAR VALUE		
Department of State.		100		Common		\$0		
Changes require an additional	filing.							
11. This report must be executrustee, this report must be ex					oration is in	the hands of a receiver or		
Under penalty of perjury, I o	declare and affirm	that i have examin	ed this report, i	ncluding any acco	mpanying s	chedules and		
statements, and that all statements coptained herein are thue and correct. Name of Authorized Representative Date								
John Readey, Jr.	AGA)	Kirky	p fres	\	1/20	4/2()		
Signature of Authorized Repr	esentative /	SIGNOD	CUMENT HERE	FILED	l			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gcv FEB 2 6 2020