



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

Annual Report for the year: 2020 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
 FEB 27 2020
 BY 4219 DS

1. Entity ID Number 22731		2. Exact name of the Corporation Jack's Bar Inc			
3. Principal Office Address 187 Water Street			City Warren	State RI	Zip 02885
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island Retails sales of alcoholic beverages at tavern			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stanley A Fafara			Vice-President Name Marianne Frederick		
Street Address 7 Highview Avenue			Street Address 7 Highview Avenue		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Marianne Frederick			Treasurer Name Stanley A Fafara		
Street Address 7 Highview Avenue			Street Address 7 Highview Avenue		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			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	CLASS/SERIES	PAR VALUE
			100	no class	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 Stanley A. Fafara				Date 2/24/20	
Signature of Authorized Representative <i>Stanley A. Fafara</i>					