

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION	ANNUAL REPORT FOR THE YEAR _	2005
Filing Period: January 1 - March 1	Filing Fee: \$50.00	

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by either the Presid	lent. Vice Presider	t. Secretary Assi	istant Secretary. Treas	urer, Receiver or Trustee
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		Under penalty of pe	riury, I declare and affirm	that I have examined
		this report, includin	g any accompanying sche	dules and statements,
_			The committee instelling of the	- Le L
>		Long &	Hilly 8	5/0/05 Date
<u> </u>	•	John Holley	y ()	IDMC*
			f Officer	•
· ·	_ 	Title of Officer		Form 630 12/0
	Series Par Valu	Series Par Value Num 50 6 by either the President, Vice Presider	Under penalty of pethis report, including and that all statements of Officer John Holler President John Holler Print or Type Name of President John Holler Print or Type Name of President	Under penalty of perjury, 1 declare and affirm this report, including any accompanying sche and that all statements contained herein are to Signature of Officer John Holley Print or Type Name of Officer President President Class/Series Class/Series



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 Filing Fee: \$50.00

(FORM MUST BE TYPED IN BL. I. Corporate ID No.	ACK) 2. Name of Corporation				
9093	McSHAWN'S PL				
3. Street Address Principal Busines			Cirv	State	'Zip
1336 CRANSTON STRE			CRANSTON	RI	02920
4. Business Phone No	····	5. State of Incorporation			6. SIC Code
4019429747		RHODE ISLAND			3095
7 Brief Description of the Character RETAIL FOOD AND BEVEL			- 11		
8. NAMES AND ADDRESSI President Name	ES OF THE OFFICE	RS ("X" BOX FOR ATTA	CHMENT) TILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
John Holley			Kathleen Holley		
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1336 Cranston St.			. 1336 Cranston St.		
City	State	Zip	Ciry	State	Zip
Cranston	RI	02920	Cranston	RI	02920
Secretary Name	• • • • • • • • •		Treasurer Name	, , , , , , , , , , , , , , , , , , , ,	
Same			.Same		
Street Address			* Street Address		
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City	State	Zip	City	State	Zip
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Director Name	ES OF THE DIRECT	ORȘ- ("X" BOX FOR AT	TACHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATTA	ACHMENTS
John Holley			.Kathleen Holley		
Street Address			· Street Address		
Same			Same		
City	State	Zip	•City	State	Zip
Director Name	1	1	Director Name		
Street Address			Street Address		
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This report must be signed	in ink hy either th	e President Vice Pre	sident, Secretary, Assistant	Secretary Treasurer	Receiver or Trustee
			Under penalty of perjury,	I declare and affirm that	I have examined
*9093 DBC 12/3#708 09 File Date	€.12 vw.				
Check No. FEB 2 (and the second	Signature of Officer John Holley	C Lighte	
By W	30 a = 31	Reform to a set of the Year	.> Print or Type Name of Office	· · · · · · · · · · · · · · · · · · ·	
$B_{\mathbf{y}}$	20, a ≈e	1	· · I rimt or Type Name of Office	•	
	40804	KEGEINED	President	,	
FOR SECRETARY OF STATE U	40804	1	_		Form 630 12/0

INSTRUCTIONS FOR FILING

- 1. Prior to submitting the statement for filing, it is recommended that you call the Corporations Division at (401) 222-3040 to verify that the information required in items 2 and 4 of the preceding form currently appears in the corporate records of the Secretary of State. If the information is inconsistent with the records of this office, the statement will be returned.
- 2. It is required by law to provide a street address in item 3 of the preceding form in order to provide the public with notice of a physical location at which process, notice or demand required or permitted by law may be served on the registered agent. A statement submitted with a post office box address only will not be accepted for filing.
- 3. The effective date of the statement shall be the date of filing with the Secretary of State or upon such later date not more than thirty (30) days after such filing, as may be set forth in item 6 of the statement.
- 4. The statement must be signed on behalf of the corporation by its president or vice president. The president's or vice president's signature must be notarized.
- 5. The fee for filing the Statement of Change of Registered Agent by the Corporation is \$20.00, and payment should be made payable to the Rhode Island Secretary of State.

NOTE: If a registered agent changes the agent's business address to another place within the state, the agent may change the address and the address of the registered office of any corporation of which the agent is a registered agent by completing the statement below instead of the preceding form, and submitting same for filing, without fee. Again, it is recommended that you call the Corporations Division prior to submitting the statement to verify that the information required in item 2 below currently appears in the corporate records of the Secretary of State. As required by law, you must provide a street address in item 3 below.

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No Filing Fee	ID Number:	<u>4092</u>

STATEMENT OF CHANGE OF REGISTERED OFFICE BY THE REGISTERED AGENT

un	irsuant to the provisions of Sections 7-1.1-12(d) or 7-1.1-107(d) of the General Laws, 1956, as amended, the dersigned registered agent submits the following statement for the purpose of changing the agent's business address d the address of the registered office of the corporation named herein to another place within the state:
1.	The name of the corporation is McShawn's Pub, Inc.
2.	The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:
	32 Custom House Street, Providence, RI 02903
3.	The address of the NEW registered office is:
	56 Pine Street, Providence, RI 02903
4.	The change of address of the registered office shall become effective upon the filing of this statement, or on
	(a date not prior to, nor more than 30 days after, filing this statement)
5.	A copy of this Statement has been mailed to the corporation.

Date: 2/12/04 Kevin J. Holley Print Name of Registered Agent

> FEB 2 0 2004 511. **UBARBORA**

Signature of Registered Agent



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TY)					
1. Corporate ID No. *9093*	2. Name of Corp. MCSHAWN	Poration I'S PUB, INC.			
3. Street Address Princi	ipal Business Office	TOB, INC.			
1336 CRANSTO	N STREET		City CRANSTON	State	Zip
4. Business Phone No		5. State of Incorp		RI	02920
4019429747		RHODE ISL			6. SIC Code 3095
RETAIL FOOD AN	the Character of Business Co	inducted in Rhode Island			13033
8. NAMES AND AL	DDRESSES OF THE OF	FICERS ("X" BOX FO	ORATTACHMEND FILL'INS	PACES REPORT VICTOR	
' <i>President Name</i> 'John Holley			, vice rresident Name		ATTACHMENTS
Street Address			· Kathleen Holle	y	
1336 Cranston	Street		Street Address		•
City	State	7	. 1336 Cranston	Street	
Cranston	RI	<i>Zip</i> 02920	City	State	Zip
Secretary Name			Cranston Treusurer Name	RI	02920
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Street Address			* Street Address		
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City	State	Zip	*City	State	
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9. NAMES AND AD	DRESSES OF THE DIR	ECTORS ("X" BOX I	OF XIT A CHIMEN TO BE THE TO	SPACES BEFORE USING	ATTACHMENTS
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<i>,</i>	State	Zip	·City	State	$\equiv Z_{ip}$
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* 9	0 9 3 *		Under penalty of per	jury, I declare and affirm	that I have avamined
			this report, including	any accompanying sche-	dules and statements
9093 DBC1/27/00	39:09:05 PM		and that all statement	ts contained herein are to	ue and correct.
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Check No	- FEB 1 4 2003	.	John Holley	- J	Date
·	1 50 1 4 2003	'···	Print or Type Name of	Officer -	
В <u>у:</u>	BV (SAM)	313100		Officer	
FOR SECRETARY OF S	TATE USE ONL	-, - , -	President Was Officer	<u> </u>	
			Title of Officer		Form 630 12/01

INSTRUCTIONS FOR FILING

- Prior to submitting the statement for filing, it is recommended that you call the Corporations Division at (401) 222-3040 to verify that the information required in items 2 and 4 of the preceding form currently appears in the corporate records of the Secretary of State. If the information is inconsistent with the records of this office, the statement will be returned.
- 2. It is required by law to provide a street address in item 3 of the preceding form in order to provide the public with notice of a physical location at which process, notice or demand required or permitted by law may be served on the registered agent. A statement submitted with a post office box address only will not be accepted for filing.
- 3. The effective date of the statement shall be the date of filing with the Secretary of State or upon such later date not more than thirty (30) days after such filing, as may be set forth in item 6 of the statement.
- 4. The statement must be signed on behalf of the corporation by its president or vice president. The president's or vice president's signature must be notarized.
- The fee for filing the Statement of Change of Registered Agent by the Corporation is \$20.00, and payment should be made payable to the Rhode Island Secretary of State.

NOTE: If a registered agent changes the agent's business address to another place within the state, the agent may change the address and the address of the registered office of any corporation of which the agent is a registered agent by completing the statement below instead of the preceding form, and submitting same for filing, without fee. Again, it is recommended that you call the Corporations Division prior to submitting the statement to verify that the information required in item 2 below currently appears in the corporate records of the Secretary of State. As required by law, you must provide a street address in item 3 below.

No Filing Fee

ID Number: 9093

STATEMENT OF CHANGE OF REGISTERED OFFICE BY THE REGISTERED AGENT

Pursuant to the provisions of Sections 7-1.1-12(d) or 7-1.1-107(d) of the General Laws, 1956, as amended, the undersigned registered agent submits the following statement for the purpose of changing the agent's business address and the address of the registered office of the corporation named herein to another place within the state:

- 1. The name of the corporation is McShawn's Pub Inc.
- 2. The address of the registered office as PRESENTLY shown in the corporate records on file with the Rhode Island Secretary of State is:

Nadeau & Simmons, PC 56 Pine Street Providence, RI 02903

3. The address of the NEW registered office is:

Gunning & LaFazia, Inc. 32 Custom House Street Providence, RI 02903

4. The change of address of the registered office shall become effective upon the filing of this statement, or on

(a date not prior to, nor more than 30 days after, filing this statement)

5. A copy of this Statement has been mailed to the corporation.

Date: 1/27/03

Kevin J. Holley, Esq.

Print Name of Registered Agent

FILED

FEB 1 4 2003

Signature of Registered Agent



Edward S. Inman, III, Secretary of St. Corporations Division 100 North Main Street, Providence, RI 02903-132 401-222-304

PROFIT	CORPORATION	ANNUAL REPORT	FOR	THE	YEAR	2002
riling Period	: January 1-March 1 •	Filing For \$50.00	- 010	1111	ILMAN_	



9093	2. Name of Corpo				1
	McSHAWN	I'S PUB, INC.		·	• -
3. Street Address Principal Busines	s Office	orob, INC.	Cir		
1336 Cranston St			City	State	Zip
4. Business Phone No.		5. State of Incorporation	Cranston	RI	02920
942-9747		RHODE ISLAN			6. SIC Code
7. Brief Description of the Characte	er of Rusiness Conducted	In Rhode Island	10		3095
Retail food and	beverage				
8. NAMES AND ADDRES	SSES OF THE OFF	ICERS ("X" ROX SOR ATT	ACHMENT) FILL IN SPACES		
		TOURS ON BOX FOR ATT	Vice President Name	S BEFORE USING ATTA	CHMENTS
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Street Address			Street Address	-3	
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City	State	Zip	TODO CLANSCOIL	· · ·	_
Cranston	, RI	02920	Cranston	State RI	Zip
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John Holley			· · · · · · · · · · · · · · · · · · ·		
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is report must be signer	4 in ink by eithe	er the President Vice	President, Secretary, Assis		_
1 18078	IENT BENE TOTAL NOT THE	a the rresident, vice i	President, Secretary, Assis	tant Secretary, Treasu	rer, Receiver or Tr
	/B//				
	 				

that all statements contained herein are true and correct. Signature of Officer Check No.: John Holley Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer

◆ 5

Form 630 12/01

FOR SECRETARY OF STATE USE ONLY .

Corporations Divis 100 North Main Street, Providence, RI 02903-1. 401-222-31

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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PLEASE INSTRUC	JIAU
INSTRUC	1108

Form 630 12/00

(FORM MUST BE TYPED IN E		<u> </u>			INSTRUC
Corporate ID No. 9093	No SHAWN	S'PUB, INC.			
Street Address Principal Busin		*** . * * * * * * * * * * * * * * * * *	City	State	Zip
1336 Cransto	n Street	-, :	Cranston	RI	02920
942-9747		S. State of Incorporation	ND		6. 3095
Brief Description of the Chara					
Retail food					
resident Name	EUSES OF THE OFF	TCERS TA BOX FOR ATTA	CHMENT) FILL IN SPACES	BEFORE USING ATTAC	CHMENTS
John_Holley_			Kathleen Holl Street Address	еу	
1336 Cransto	n Street		1336 Cranston	Street	
lty	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI.	02920
cretary Name		·············	Treasurer Name	********	********************
John Holley				·	
same			Street Address		
_Same	State	Zip	City	Crat-	
•] - r	G.I.y	State	Zip
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,	State	Zip	City	State	Zip
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is report must be sign	ned in ink by eith	er the President, Vice	President, Secretary, Assis	tant Secretary, Treasu	rer, Receiver or Tru
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*	9093*;		Under penalty of per	jury, I declare and affirm	that I have examined
	· 	•	this report, including	any accompanying scho	dules and statements,
3.5 M	23/01		that all statements co	ntained herein are true	and correct.
ile Date:	C A '			Tab Old	algh.
and the second s	5751		Signature of Officer	an Ut	Will a second
heck No.:		 {	John Holle	0. K . /	19.11

Print or Type Name of Officer President.

Title of Officer 1

James R. Langevin, Secretary of S Corporations Divi: 100 North Main Street, Providence, RI 02903-1 401-222-3

STOI PLI MERLA INSTRUCTIO

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN B	LACK)				111111111111111111111111111111111111111
1. Corporate ID No.	2. Name of Corpora				
9093 3. Street Address Principal Busine	McSHAWN'S	PUB, INC.			
			City	State	Zip
1336 Cranston 4. Business Phone No.	Street	5. State of Incorporation	Cranston	RI	02920
942-9747					6. SIC Code
7. Brief Description of the Charac	ter of Business Conducted to	RHODE ISLAND n Rhode Island			3095
Retail food a	nd beverage				
8. NAMES AND ADDRE	SSES OF THE OFFI	CERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES	BEFORE USING ATTAC	CHMENTS
President Name			Vice President Name		
John Holley Street Address			Kathleen Hol	lley	
1336 Cranston			1336 Cransto	on Street	
Comment	State	Zip	City	State	Zip
Cranston Secretary Name	RI	02920	Cranston	RI	02920
John Holley			Treasurer Name	•	7 •
Street Address	•		55 m 4 1 4		
same			Street Address		
City	State	- 21p	City	State	
	ļ	·	•	Sinte	Zip
9. NAMES AND ADDRES	SSES OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	ES BEFORE USING ATT	LCHMENTS
Director Name		·	Director Name	DO DOI OND COM G AT 17	Ciments
John Holley _			Kathleen Hol	ley	
same			. same		
City	State	Zip	City	State	Zip
Director Name			• • •		
None			Director Name		• • • • • • • • • •
Street Address	 .		None Street Address		
			Prince Marie (2)		
City	State	Zip	City	State	Zip
		:	•		
10. SHARES AUTHORIZE	D ("X" BOX FOR ATTAC	СНМЕМТ) 亡	11. SHARES ISSUED (*	X" BOX FOR ATTACHMENT	, • •
AUTHORIZED SHARES			ISSUED SHARES	# '/ ·	-
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 SHS NO PAR	VAL		500	1	
	-		500	Common	no
				,	
This repost must be also			A		•
This report must be sign	ed in ink by cithe	er the President, Vice P	resident, Secretary, Assi:	stant Secretary, Treasu	rer, Receiver or Truste
1 160316	iil Beile (Dies Jill (Es)			•	
				•	
	UU BOKE (BIB UK 1881)				
* 9	093*		Under penalty of per	jury, I declare and affirm	that I have examined
-	PAIDV	^	that all statements of	g any accompanying sche	dules and statements, and
File Date:	· 7 · 7 /	2 9720	Λ Ω	de Don	/ /
	MAR 0 1 2000	J30.	- tom	HOUSE	12/20/99
Check No.:			Signatule of Officer	// //	Pate /
SE	C'Y OF STATE		John Holle		
Ву:		- 	Print or Type Name of Off	icer	·—
FOR SECRETARY OF STATE USE O	NLY		President		·
			Title of Officer		

James R. Langevin, Secretary of St Corporations Divis 100 North Main Street, Providence, RI 02903-1. 401-222-31

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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	i STUR	ı
	DEL SECTION A	ı
	PLEASE REA:	ı
	INSTRUCTION	ı
		ı
	1	

(FORM MUST BE TYPED IN	BLACK)	3	•		INSTRUCTION
1. Corporate ID No. 9093	MCSHAWK	TS PUB, INC.			
3. Street Address Principal Busin		- · · · ·	City		<u> </u>
1336 Cranston			Cranston	State	02920
4. Business Phone No. 942-9747		4 HODE IST	KND	- 1	6.545698
7. Brief Description of the Chara	acter of Business Conducted	in Rhode Island			-
Retail food a	and beverage	2			
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS (*X* BOX FOR AT)	(ACHMENT) [FILL IN SPACES	BEFORE USING ATTA	CHMENTS
_John_Holley			Vice President Name	Inlless	?
Street Address	· · ·		Kathleen F	oriey	
1336_Cranstor			1336 Crans	ton Street	
Cranston	State RI	02920	City	State	Zip
Secretary Name		02920	Cranston Treasurer Name	RI	02920
John Holley			, reasurer squire		•
Street Address			Street Address		-
same	State				
- 12	Sibile	Zip	City	State 5	Zip
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS (*X * BOX FOR A	TTACHMENT) FILL IN SPACE	S BEFORE USING ATT	ACHMENTS "
1			Director Name		1
_John_Holley		· · · · · · · · · · · · · · · · · · ·	Kathleen H	olley	
_same:			same		
City	State	Zip	City	State	Zip
Director Name			•••••	.	
_None			Director Name	,	, ,
Street Address			None Street Address		
City	State				
	June	Zip	City	State	Zip i
10. SHARES AUTHORIZ	ED CX BOX FOR ATT.	ACHMENT)	: 11. SHARES ISSUED (*)	X° BOX FOR ATTACHMENT	9.
AUTHORIZED SHARES			ESSUED SHARES		<u> </u>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 SHS NO PAR	VAL		500	Common	
			-	Common	no i
				· · · · · · · · · · · · · · · · · · ·	
This report must be sig	n ed in ink by eith	er the President, Vice	President, Secretary, Assis	tant Secretary, Treasu	rer, Receiver or Truste
	18 18111 88128 18188 1921 (81	I I		•	4 4
					1 4 2 4
• • • • • • • • • • • • • • • • • • •		l	limata terrar		
i je P porodej marijana je nastava ka		· · · · · ·	this report, including	jury, I declare and affirm ; any accompanying sche	that I have examined dules and statements, and
Fala	CLO	;	that all statements co	intained berein are true	and correct.
File Date:A (2)	<u> </u>		Islan de	10/W/ /	12/00
Check No.:	-180		Signature of Officer	they -	t thire
"	20.		John Holle		<u> </u>
Ву;	····		Print or Type Name of Offi	cer	1 (1)
FOR SECRETARY OF STATE USE	ONLY		_President		

Title of Officer



FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of St Corporations Divis 100 North Main Street, Providence, RI 02903-1: 401-277-3(

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00



1. Corporate ID No.		* • • • • • • • • • • • • • • • • • • •			
	2. Name of Corpo				
9093 . Street Address Principal Busino	MCSHAWN	I'S PUB, INC.	7		
1336 Cranston			TCITY	State	Zip
. Business Phone No.	i Stieet	S. State of incorporation	Cranston _	RI	. 02920
942-9747		RHODE ISLAN		·	6. SIC Code
Brief Description of the Charac	ter of Business Conducted	in Rhode Island	IU	- 	
Retail food a					
NAMES AND ADDRE	SSES OF THE OFF	ICERS (*X* BOX FOR ATTAC	CHMENT)		
esident Name	_	·	Vice President Name	- · 	
John Holle	ē y		Kathleen	n Holley	
reet Address	ston Street		Street Address	·· ⁻	
, — - · - — -	- Istate	7 Table 7		anston Stree	et
Cranston	RI	02920	Cranston	State	Zip
retary Name			Treasurer Name	RI	02920
John Holle	ev.		•	11	
eet Address		·	John Hol	=	·=-
same			same		
y	State	Zip -	City	State	
	ļ	,			Ι 2.μ
NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR ATT	ACHMENT)	<u> </u>	
ector Name			Director Name	·	
John Holle	Y		Kathleer	1 Holley	
			Street Address		
same	State		same	`	
,	3	Zip	City	State	Zip
ector Name			Director Name	· · · · · · · · · · · · · · · · · · ·	
None					
eet Address			None Street Address		
γ .	State	Zip	City	State	Zip
	1	1		•	-
SHARES AUTHORIZI	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("x"	. BOX FOR ATTACHMENT)	,
HORIZED SHARES			ISSUED SHARES		
nber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 SHS NO PAR V	/Δ Ι		500		
			500	Common	no
	•	•			
			<u> </u>	<u> </u>	
is report must be sign	i ed in ink by eith	ier the President, Vice	President, Secretary, Assista	nt Secretary, Treasu	rer, Receiver or Tr
	<u> </u>	1			
1 18 2 P	9 0 9 3 *	I	Under penalty of perjur	y, I declare and affirm	that I have examine
	٧-،٥٠ ٥٠٠-	***	this report, including ar	ry accompanying sche	dules and statements
1- /	U .4 X		that all statements cont	ained herein are true a	and correct

Signature of Officer

John Holley
Print or Type Name of Officer

President

James R. Langevin, Secretary of St Corporations Divis 100 North Main Street, Providence, Rl 02903-1.

401-277-30

PROFIT	CORPORATION	ANNUAL	REPORT	1997
Filing Pariod.	Lambary I March I			

(FORM MUST BE TYPED IN 1. Corporate ID No. 9093	2. Name of Corpora		-		THE
3. Street Address Principal Bus			City	State	Zip -
1336 Cra	anston St.		Cranston	RI	02920
4. Business Phone No.		5. State of Incorporation	5	***	6. SIC Code
942-974		RHODE ISLAND			3095
Retail	food and beve	erage	_		
S. NAME S AND ADD! President Name	RESSES OF THE OFF	ICERS ("X" BOX FOR ATTACHA	MENT)		· - · ·
John Ho]	10		Vice President Name	- -	•
Street Address	riey		Kathleen Hol:	ley	
			Street Address		•
	inston St		1336 Cranston	n St	
Cranstor	1 State RI	zip 02920	coCranston	State RI	Zip 02920
Secretary Name		***************************************	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	********	
John Hol	lev		Treasurer Name		
itreet Address.	TEA	• • • • •	John Holley		
Same			Street Address		• =
	- 71	* * • •	Same		
City	- TState	Zip	City	State	Zip
John Hol reet Address Same			Director Name Kathleen Holl Street Address Same	ey	
ITY	State	Zip	City	State -	Zip
irector Name			*********		
	one		Director Name		
ireet Address	———	•	None	· - · ·	
···· Unmicil			Street Address		
lty	State	Zip	City	State	Zip
0. SHARES AUTHORI	ZED AND ISSUED (X BOX FOR ATTACHMENT)			
UTHORIZED SHARES			ISSUED SHARES	····	
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 SHS NO PAR	 Vai	+			+ rai value
			500	Common	no
nis report must be si	gned in ink by eith	er the President, Vice Pre	esident, Secretary, Assis	tant Secretary, Treasu	rer, Receiver or Ti
			Under penalty of acad	ury, I declare and affirm	

FOR SECRETARY OF STATE USE ONLY

that all statements contained herein are true and correct. Signature of Officer Date

John Holley
Print or Type Name of Officer

President
Title of Officer

III OORFORALIUN **ANNUAL REPORT**

1336 Cranston St.

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

1336 Cranston St.

1336 Cranston St.

STATE

STATE

RI

RI

1996

RHODE ISLAND

McSHAWN'S PUB, INC.

Operating a retail food and beverage business.

ZIP COOE

7IP COOF

02920

02920

5. STATE OF INCORPORATION

PLEASE TYPE OR PRINT IN BLACK INK.

CITY

8. NAMES AND ADDRESSES OF THE OFFICERS

άTΥ

VICE PRESIDENT NAME

Cranston

Cranston

John HOlley

STREET ADORESS

REASUREA NAME

STREET ADDRESS

Kathleen Holley

1336 Cranston St.

1336 CRanston St.

Cranston



STATE

RI

RI

STATE

RI

State of Rhode Island and Providence Plantatio James R. Langevin, Secretary of State Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3(

ZIP CODE

6. SIC CODE

ZIP CODE

ZP CODE

ZIP CODE

ZP CODE

02920

PAR VALUE

No Par Value

02920

02920

02920

3095

Filing Period: January 1-March 1 Filing Fee: \$50.00

1 CORPORATE ID NO.

9093

4 BUSINESS PHONE NO.

PRESIDENT NAME

STREET ADDRESS

SECRETARY NAME

STREET ADDRESS

CITY

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE

942-9747

John Holley

Cranston

Cranston

John Holley

For Secretary of State Use Only

·	9 . N.A.J		And the second lives the second lives the second			
DIRECTOR HAVE	9 . N A J	AES AND ADD	RESSES OF THE D	IRECTORS		
John HOll	ey	Kathleen Holley				
STREET ADDRESS		STREET ADDRESS				
1336 Cran	ston St.		1336 Cranst	on St.		
an	STATE	20° CXXXE	άπν	STATE		
Cranston	RI	02920	Cranston	RI		
DIRECTOR HAVIE			DIRECTOR NAME			
STREET ADDRESS			STREET ADDRESS			
YIT	STATE	ZIP COOE	any _	- STATE		
	10. SH	ARES AUTHOR	IZED AND ISSUE			
	AUTHORIZED SHARES			ISSUED SHAR		
NUMBER OF SHARES	CLASS / SERVES	PARYALUE	NUMBER OF SHARES	CLASS / SERVE		
1000 SHS NO F	PAR VAL		500	Common		
		<u></u>				
Preside	This ent, Vice Preside	report must be SIC nt, Secretary, Assis	GNED IN INK by either that the stant Secretary, Treasurer	ne r, Receiver or Tr		
File Date: 35/94 Check No: 5/30			report, including	of perjury, I declare g any accompanyin ontained herein are facer		
Check No: 5130	<u> </u>	1		Holley,		
W 127)			Print or Type Na			
By: CFP			in the second of	### L		

oort must be SIGNED I I Secretary, Assistant Se	N INK by either the cretary, Treasurer, Receiver or Trustee	
ood out y, risolotain oo	Under penalty of perjury, I declare and at report, including any accompanying schedall statements contained herein are true at Signature of Officer John Holley,	firm that I have examined t
	Print or Type Name of Officer President	1/31/96
DETACH BOTTOM BEF	Date FORM 31 12/95	

Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPOR

Please Type or Pri File Annually – Jan. 1 - March

Filing Fee \$50.0 Make Checks Payable to: Secretary of Sta

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:	0003033		_ Annual Report for	the years 1995			
Name of Corporation	h4	PUB, INC.	- Tanadi Report Ion	the year.	H-M		
Business entity organic	zed under the laws of the State of: ress and telephone number of princ	cipal office:	Business Entity is (check one): [X] Business Corporation (See RIGL Chapter 7-1.1)				
¬—	N/A		[] Profession	al Service Corporation (See RIGL C	hapter 7-5.1)		
Address and telephone Island (Provide street a	of the principal office of business address - Not P.O. Box):	entity in Rhode	Brief statement of the character of business conducted in Rhode Is operating a retail food and beverage business.				
1336_Cranston Cranston, RI	_St02920						
Phone: (401) 94	<u> </u>						
PRESIDENT		THE NAMES OF T	HE OFFICERS AF	RE:			
John Holley VICE PRESIDENT		STREET AL	DDRESS	CITY/STATE	ZIP CODI		
		STREET AL		Cranston, RI	02920 ZIP CODE		
Kathleen Holl	ey	II .		<u> </u>	PT CODE		
John Holley		STREET AD	DDRESS	CITY/STATE	ZIP CODE		
John Holley		STREET AD	DDRESS	CITY/STATE	ZIP CODE		
NAME	T	HE NAMES OF TH	IE DIRECTORS A	RE:			
John Holley		STREET AD	DRESS	CITY/STATE	ZIP CODE		
Kathleen Holle	2y	STREET AD		CIPYSTATE	ZIP CODE		
·		STREET AD	DRESS	CITY/STATE	ZIP CODE		
_ 	AUTHORIZED (Rider may be attach	cd)	NUMBER OF SHARE	S ISSUED AND OUTSTANDING (Ride	er may be attached)		
Number of Shares	Class / Series		Number of Shares	Class / Series	_ <u></u>		
-1000-	Common		-500-	Common			
Date / //4	. 19 95	By: 🗸	John Hall	PRESIDENT			
		PRINTORAY	PEARME OF OFFICER SIGNIN	URS TRIZASURIZ			
orm 31 1/95		TITLE OF OF	HICER SIGNING	Secretary			
• • • • • • • • • • • • • • • • • • • •	DESIGNATED R	EGISTERED AGE	ENT FOR SERVICE	OF PROCESS:			
LEASE NOTE: If the r	registered office and/or registered	agent indicated below	is incorrect, Form 9 mu	ist be filed.			

JAMES F. MCALEER
508 HOSPITAL TRUST BUILDING
PROVIDENCE RI 02903

FILED
JAN 0 9 1995
[M.3] 35

Filing Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations Office of The Secretary of State

File Annually LLC Sept. 1 - Nov. 1 CORP: Jan. 1 March 1

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID: 0009093	Annual Report for the year:	1994
Name of Business Entity:	MCSHAWN'S PUB THO	
Traine of Business Entity.		
Business entity organized under the laws of the State ofRI	Business Entity is (check one):	_
Federal Taxpayer Identification Number	[X] Business Corporation (See RIGI.	•
For foreign entity, address and telephone number of principal office:	[] Limited Liability Company (See	•
	 Name, title and mailing address of contact per communications may be directed: 	rson to whom
	<u>1336 Cranston St.</u>	
Phone: ()	Cranston, RI 02920	
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):	<u> </u>	
1336 Cranston St.	Brief statement of the character of business of	
Cranston, RI 02920	operating a retail food and	i beverage
	Date of Organization: 41179 .3	3 74 (78)
Phone: (401) 942-9747	Date of Qualification to do business in Rhode	Island (if foreign entity)
THE NAMES	OF THE OFFICERS ARE:	
	anston St. Cranston, RI	ля соо 02920
	THEET ADDRESS CITY STATE	
Kathleen Holley Storetary Checkore 5	II	n (ron aw
John Holley	п п	11
John Holley	IRLET ADDRESS CITY/STATE II	ZIP COĐ H
THE NAMES	OF THE DIRECTORS ARE:	
	######################################	zircob 02703"
Kathleen Holley 22 FLOREME GT	TREET ADDRESS CITYSTATE "ATTURBORO MAJOS	7/P COD
NAME STATE OF THE PROPERTY OF	TREET ADORESS (THYSTATE	71P COO
		
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTST	ANDING (If Applicable)
NUMBER 1000	NUMBER 500	FILED
CLASS Common	CLASS Common	MAR 0 3 1994
SERIES	SERIES B	y 3017/13
PAR VALUE OR WITHOUT PAR No Par Value	PAR VALUE OR WITHOUT PAR No Par Value	
no rar value	WITHOUT PAR No Par Value	·
Date	JOHN HOLLEY John	Hally_
<u>~</u>	JOHN HOLLEY/	
₹ V_	PRESIDENT	
	HAD SEE SEEK DE DEUTSTEEL	
Form 3: 1:94	FSIDENT AGENT FOR SERVICE OF PROCESS	·

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

942101

Corporate ID	0009093	Annual Report f	or the year 1993
FIRST: The nam	e of the corporation is	·	, 1NC.
SECOND: It is in	corporated under the laws of	Rhode Island.	
purpose	er of business, briefly stated, is of buying and selling benises and operating a Cla	verages and food at r	tablishment for the retail to be consumed on use.
FIFTH: Business	address in Rhode Island		st Bldg., Prov., RI 02903
SIXTH: Names a	nd addresses of its directors and	officers:	(Attach rider if necessary
John Hol	leyDirector	1336 Cranston St.,	Cranston, RI 02920
Kathleen	Holley Director	Same as above	
······	Director		
John Hol	ley President	Same as above	
Kathleen	Holley Vice Preside		
	ley Secretary		
John Hol	leyTreasurer	Same as above	
SEVENTH: Numb	er of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
-1000-	Common		No Par Value
Еіднтн: Numbe	r of Shares issued:	p	No Par Value 2 6 1993 Par Value or statement that
No. of Shares	Class	Series - CO	or statement that OF STAPlistes are without par value
-500-	Common	SEC	No Par Value
ated 2-24-		CCSHAWN'S PUB, INC. Name of Corporation) y	Halls

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

JOH 4 72762

Corporate ID	0009093	Annual Report	for the year 1992					
FIRST: The name	e of the corporation is.		McSHANN'S RUB, INC.					
SECOND: It is inc	corporated under the la	ws of Rhode Island						
THIRD: Characte	r of business, briefly st	ated, is operating a retail						
FOURTH: If foreign	gn corporation, address	s of its principal office						
FIFTH: Business a	ddress in Rhode Island	d 605 Hospital Trust Blo	lg., Prov., RI 02903.					
	d addresses of its direc	etors and officers:	(Attach rider if necessary					
John Holl	ey Dire		, Cranston, RI 02920					
Kathleen	Holley Dire							
	Dire							
John Holle	eyPres	ident Same as above						
	eyTrea	•	······································					
	r of Shares authorized:							
No. of Shares	Class	Series	Par Value or statement that shares are without par value					
-1000-	Common	PAID	No Par Value					
Еіднтн: Number (of Shares issued:	JAN 3 0 1992	Par Value					
No. of Shares	Class	SEC'Y OF STATE Series	or statement that shares are without par value					
-500-	Common		No Par Value					
Dated January	28 19 92	McSHAWN S PUB, INC. (Name of Corporation)						
(Report must be	signed by an officer)	By John Ro Title President	lles					

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION CORPORATIONS DIVISION PROVIDENCE, RHODE ISLAND 02903

orporate 1D		Annual Report for the	e year <u>1991</u>
First: Th	e name of the corporation is	McSHAWN-S-FUB;	ING
	It is incorporated under the laws	of Rhode Island.	
THIRD: Ch of buying an operating a	naracter of business, briefly state d selling beverages and i Class B retailer's licens	d, is operating a retail estable condition of the consumer se.	lishment for the purp on the premises and
		its principal office	
Fifth: Bus		608 Hospital Trust Bldg., Pro	
Sixth: Nai	mes and addresses of its director	s and officers: Tice Address (including nur	(Attach rider if necessar
John	Holley Directo	or 1336 Cranston St., Cra	nston, RI 02920
Kath	leen Holley Directo		
*************************	Directo		• .
John	Holley Preside		
Kathl	een Holley Vice Pr	esident Same as above	
	Holley Secreta		
John	Holley Treasur		
SEVENTH: N	Number of Shares authorized:	·	Par Value
No. of Shares	Class	Series	or statement that shares are without par value
-1000-	Common	PAID	No Par Value
Еіснтн: Nu	mber of Shares issued:	FEB 1 4 1991	Par Value or statement that
No. of Shares	Class	SEC'Y OF STATE	
-500-	Common		No Par Value
ed $\sqrt{2/1}$	19 .91	McSHAWN'S PUB. INC.	
		By John 94	olles
(D	nust be signed by an officer)	Title Physider	-4-

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

(_)	,	(1	•	_	_	
									•

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Annual Report for	the year 1990
McSHAWN'S EVEL IN	
ws of Rhode Island.	
od at retail to be consumed a	
15.	
608 Hospital Trust Bldg.,	Prov., RI 02903.
ors and officers:	(Attach rider if necessary
•	
•	
urer Same as above	
	Par Value or statement that
Series	shares are without par value
	No Par Value
PAID	
CEB 06 1990	Par Value or statement that
Series STATE	shares are without par value
SECY OF STATE	No Par Value
McSHAWN'S PUB, INC.	
By John Holley	lle
	McSHAWN'S PUB. IN ws of Rhode Island. ted, is operating a retail estated at retail to be consumed on the consumed of the con

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

	100 NORT	ATIONS DIVISION I'H MAIN STREET RHODE ISLAND 02903	GA
Corporate ID 00036	093	Annual Report for th	ne year 1989
FIRST: The name of	the corporation is	McSHAWN'S PUB, INC	5
THIRD: Character of buying and selling b	business, briefly stated, is everages and food at	Rhode Island. operating a retail estable retail to be consumed on	lish for the purpose of the premises and
	•	principal office	
FIFTH: Business add	ress in Rhode Island	608 Hospital Trust Blo	lg., Prov., RI 02903.
SIXTH: Names and a	ddresses of its directors an		(Attach rider if necessary) number, street, zip code)
John Holley	Director	1336 Cranston St., C	ranston, RI 02920
Kathleen Holley	· ·	Same as above	
John Holley	,	Same as above	
Kathleen Holley	Vice Presi	dent Same as above	
John Holley	Secretary	Same as above	
John Holley	Treasurer	Same as above	
j	of Shares authorized:	<i>6</i> -	Par Value or statement that shares are without
No. of Shares	Class	Series	par value
-1000-	Common	Ban	No Par Value
EIGHTH: Number of	Common Co	TATE .	Par Value or statement that shares are without
No. of Shares	Class	Series	par value
-500-	Common		No Par Value
Dated 2-13-89	19 .89	McSHAWN'S PUB, INC. (Name of Corporation) By	ally
(Report must be sign	gned by an officer)	Title Pres	ident
Form 31 1/85	· ,		

To be filed annually between January 1st and March 1s.

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MAIL PROVIDENCE, RHODE ISLAND 02903

orporate ID	ο χ	Annual Report for the	he year
FIRST: The name	of the corporation is	mcShawn's Pub. I)	XE.▼
SECOND: It is inco	orporated under the laws of	អភិបាល	1e lsland
THIRD: Character pose of buying and and operating a Cl.	of business, briefly stated, is selling beverages and ass B retailer's licens	operating a retail estat food at retail to be conse.	olishment for the pur- nsumed on the premises
FOURTH: If foreign	n corporation, address of its p	principal office	
Fifth: Business ad	ldress in Rhode Island 608	Hospital Trust Bldg., Pr	ov., RI 02903.
SIXTH: Names and	addresses of its directors and		(Attach rider if necessar
John Holley	Director	1336 Cranston St., Cr	
	ley Director	Sama as above	•
	Director		•••••••••••••••••••••••••••••••••••••••
John Holley	President	Same as above	
Kathleen Hol	ley Vice Preside	ent Same as above	
John Holley	Secretary		
John Holley	Treasurer		
	of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
-1000-	Сопшоп	PAĪD	No Par Value
EIGHTH: Number of	Shares issued:	FEB 26 1988	Par Value
No. of Shares	Class	SEC'Y OF STATE	or statement that shares are without par value
- 500-	Common		No Par Value
ted February	7 19 88 M	CSHAWN S PUB, INC.	
	В	y John Glolley	
(Report must be sig	gned by an officer) Ti	itle President	

State of Rhode Island and Frovidence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate ID 9093		Annual Report f	for the year1987
FIRST: The name of	the corporation isMcSHA	WN'S PUB. INC.	
		Rhode Islan	d
THIRD: Character of pose of buying and search and operating a Class	f business, briefly stated, is of selling beverages and foss B retailer's license	perating a retail emode at retail to be	stablishment for the pur- consumed on the premises,
FOURTH: If foreign			
Fifth: Business add	•		Prov., RI 02903.
SIXTH: Names and a	addresses of its directors and o		(Attach rider if necessary) uding number, street, zip code)
John Holley	Director	1336 Cranston St.	Cranston, RI 02920
Kathleen Holley	Director	Same as above	
	Director	·····	
John Holley	President	Same as above	
John Holley			
John Holley		Same as above	
	of Shares authorized:		Par Value
. No. of Shares	Class	Scries	or statement that shares are without par value
-1000-		AID	No Par Value
Eіднтн: Number of	Shares issued: SECY OF	0 1987	Par Value or statement that
No. of Shares	Class	STATE Series	shares are without par value
-500 -	Common		No Par Value
Dated January		SHAWN'S PUB, INC.	
MAR 20E		ame of Corporation) John Ha	lle
(Report must be signal 1/85	gned by an officer) Tit	le President	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 9093				_			
			Annual	Report fo	r the yea	ır <u>19</u> 8	16
FIRST: The name of	the corporation is	SHAWN 'S	.PUB, IA	KC	••••••	······································	******************
SECOND: It is incorpo	Orated under the laws of	*************			***************************************	*************	••••••••••
Tuinn. Character of	orated under the laws of	***************	QQ	etstanc		••••••	• • • • • • • • • • • • • • • • • • • •
THIRD: Character of pose of buying and se and operating a Class	business, briefly stated, is ling beverages and	operat	ing a retail	etail es to be co	tablish Onsumer	ment fo	r the pu
		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	•••••••	••••••		
FOURTH: If foreign co	orporation, address of its	principal o	office	······································	• • • • • • • • • • • • • • • • • • • •	•••••••	••••••••
FifTh: Business addre	ess in Rhode Island 608	Hospital	Trust	Bldg., P	rov.,	RI 0290	3.
	***************************************	***************************************	•••••••••••••••••••••••••••••••••••••••	•	************	••••••••	*****************
Name	dresses of its directors an	d officers:	A	ddress (includin	t number a	(Attach	rider if necess
John Holley	Director	1336					02920
Kathleen Holley	Director	11		ft			
•••••••••••••••••••••••••••••••••••••••	Director						• • • • • • • • • • • • • • • • • • • •
John Holley	President	**	11	11	11	11	••
Kathleen Holley	Vice Preside	ent''		11	11		tı
John Holley	Secretary	11	11	11	11	11	11
John Holley	Treasurer				,,		•
SEVENTH: Number of S	hares authorized:				•	Par Val	
No. of Shares	Class		Series			or statement shares are w	rithout
1000	Common		75.4 1	, Ads		parvali No Par	
Еіднтн: Number of Sh	ares issued:	02/14/86	W.V.	\\200			value
No. of Shares		98/t			, 100¢	Par Valu Or statemen	t that
500	Class	P 15	Series	MAR 17	(1300 	shares are w par valu	
	Common	PAID		W		No Par	Value
ed / 1-27-	19 <u>86.</u>	SEAM'S	PUB, I	NC.			
	4)	Me of Corpor	ation)	dla	10,		••••••
	Ву		ohn	Mal		••••••	
(Report must be signed	by an officer) Ti	tle 'S 'S Pr	esident				

To be filed annually between January 1st and Merch 1st |

State of Thode Island and Providence Plantations Office of the secretary of state

Corporate ID 9093	A	Annual Report for the y	rear 1985
FIRST: The name	of the corporation is	S McSHAWN'S PUB, INC	•
SECOND: It is inc	ornorated under the	laws of the State o	f Rhode Island.
	of business, briefly sing and selling be	stated, is operating a verages and food at	retail establishmen retail to be consume
FOURTH: If forei	gn corporation, add	lress of its principal of	fice
FIFTH: Business:	address in Rhode Is	land (blank reports w	ill be mailed to this
address) 608 Hospi	ital Trușt Bldg., P	rov., RI 02903.	
SIXTH: Names an	d addresses of its d	lirectors and officers:	
(Addresse	s must include street an	d number, if any)	
Name	Office		dress
John Holley	Director	1336 Cranston St.	, Cranston, RI 02920
Kathleen Holley	Director	Same as above	
	Director		· · · · · · · · · · · · · · · · · · ·
John Holley	President	Same as above	
Kathleen Holley	Vice Preside	ent " ". "	
John Holley	Secretary	11 II II	
John Holley (If additional space is need	Treasurer	0 0 0 0 0 0 0 0 0	
SEVENTH: Number	r of Shares author	ized:	Par Value
No. of Shares	. Class	Series	or statement that shares are without par value
1000	Common		No Par Value
EIGHTH: Number No. of Shares 500	of Shares issued: Class Common	Series —	Par Value or statement that shares are without par value No Par Value
Dated: Februa	ry 5, 19 85 . 19 85 . 19 85.	McSHAWN'S PUB, IN (Name of Corporation) By President (Report must be sign	c. Hally
If the corneration to		prod office and/ 't	anistandt
Form #9 must be file	ed. Please comact Corp	ered office and/or its re oration Division for inform	nation, 277-3040

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

		Annual Report for the	year 1984
First: The nar	ne of the corporation	n is	
	_	'S PUB, INC.	
SECOND: It is it	ncornorated under th	nelaws of the State of	Rhode Island.
	-		
for the purpose of I	mying and selling	y stated, is operating beyerages and food at R retailer's license.	a retail establishmen retail to be consumed
Fourth: If for	eign corporation, ad	dress of its principal of	fice

FIFTH: Busines	s address in Rhode	Island (blank reports	will be mailed to this
address) 608 Hospi			
SIXTH: Names	and addresses of its	directors and officers:	
	resses must include street		
Name	Office		44
John Holley			ddress , Cranston, RI 02920
Kathleen Holley			
weinteen nottey		Same as above	
John Holley	President	Same as above	the state of the s
Kathleen Holley	Vice Presi	dent ." . " "	
John Holley	Secretary		
John Holley If additional space is nee	Treasurer		
SEVENTH: Num	ber of Shares autho	rized:	Par Value
No. of Shares	Class	Series	or statement that shares are without par value
1000	Common		No Par Value
	,		No lai value
Eighth: Numb	er of Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
500	Common	_	No Par Value
	1		
Dated: January	17, 19 84 ~ 8!	McSHAWN'S PUB, II (Name of Corporation) Ry	sc.
/	: M	Title President	
	<u>کا ۲۰</u>	(Report must be sig	gned by an officer)
-			
If the corporation	n has changed its reg	istered office and/or its r	egistered agent,

Form #9 must be filed. Please contact Copporation Division for information. 277-3040

Form 31 — 10-81

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations Office of the secretary of state

				Annual Report for the	year 1983
	FIRST:	The name of t	he corporation	n is McSHAWN'S PUB, IN	IC.
				 .	
	SECOND:	It is incorpo	rated under th	nelaws of the State of	Rhode Island.
for cons	THIRD:	Character of bose of buying	ousiness, briefl and selling i	y stated, is operating a deverages and food at a A-Class B retailer's I	retail establishment
	Fourth	: If foreign c	orporation, ad	dress of its principal of	ice
			1 1 1 1		
	FIFTH:	Business addi	ess in Rhode	Island (blank reports w	ill be mailed to this
addı	ress) 608			Providence, RI 02903.	
	Sixth:	Names and a	ddresses of its	directors and officers:	
		(Addresses m	ust include street	and number, if any)	
		Name	Office		dresa
Johr	ı.Holley		Director	1336 Cranston Str Cranston, RL 029	
Katl	nleen Hol	ley	Director	Same as above	
			Director		
Johr	l.Holley		President	11 11 11	0 No. 200
Kath	nleen Hol	ley	Vice Presi		
John	Holley	 ace is needed, att	Treasurer		
,			·		, D W-1
		I: Number of			Par Value or statement that shares are without
	No. of Sha 1000	res	Class Common	Series 	par value No Par Value
					rar vaxue
				1 8 1983	•
	Еіснтн	Number of S	hares issued:	FEB 18 1909	Par Value or statement that
	No. of Sha	ires	Class	Series	shares are without par value
	500.		Common	2	No Par Value
				15	
Date	ed: P	ebruary 2,	19 83	83 McSHAWN'S PUB, INC	•
				(Name of Corporation)	11.11
				By of John 4	follo
				Title President	
				(Report must be sign	ned by an officer)
				pistered office and/or its re	

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

	1	Annual Report for	the year 198	2	
First: The nar	ne of the corporation i	S McSHAWN'S PUB,	INC.		
SECOND: It is i	ncorporated under the	laws of the State	of Rhode Is	land	
THIRD: Character the purpose of the	ter of business, briefly uying and selling be pises and operating a	stated, is operating	g a retail e at retail to	stablishment be	
FOURTH: If for	reign corporation, add	lress of its princip	oal office	·····	
FIFTH: Busines	ss address in Rhode Is	eland (blank repor		iled to this	`. •
	al Trust Bldg., Prov.	· -			
SIXTH: Names	and addresses of its o	directors and offic	ers:		7
(Add	resses must include street an	d number, If any)			
Name	Office		Address		ند
John Holley	Director	1336 Cranston	St., Cranst	on, RI 02920	FT.
Kathleen Holley	Director				
* *	Director				
John Holley		** **		H H	
Kathleen Holley	Vice Preside	nt			
John Holley	Secretary		,		
John Holley (If additional space is need					
-	nber of Shares authori		or state shares a	Value ment that re without	
No. of Shares 1000	Class Common	Series 		value Value	•003
				JAN 29	1902
EIGHTH: Numb	per of Shares issued:		orstate	Value ment that re without	
No. of Shares	Class Common	Series		value	
		1 2			
Dated: January	·	McSHAWN'S PUE (Name of Corporation By Title President		······································	
	-[- V	e signed by an	officer)	
		2 2			
	n has changed Its regist			agent,	

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations Office of the secretary of state

ANNUAL REPORT OF

	Or			
•	McSHAWN'S PUB,	INC.		
Pursuant to the provamended, the undersigned First: The name of		submits the fo		
	McSHAWN'S PUB.			
SECOND: It is incorp	orated under the laws	of the State	of Rhode Isla	nd.
	of its registered offic			
	al Trust Building, P			
and the name of its regis James F. M	tered agent in Rhode	Island at such	address is	
or country under the laws	······································	orated is	· · · · · · · · · · · · · · · · · · ·	
Island, briefly stated, is buying and selling	ter of the business in operating a retail e beverages and food a ing a Class B retail	stablishment f t retail to be	or the purpos	e of
SIXTH: The names a	and respective address	es of its direct	ors and officer	s are:
John Holley	Director	1336 Cranston	St., Cransto	n, RI 02920
Kathleen Holley	Director	1336 Cranston	St., Cransto	n, RI 02920
	Director		-	
	Director			
	Director	•		
	Director		÷	
John Holley	President	Same as above		
Kathleen Holley	Vice President	Same as above		
John Holley	Secretary	Same as above		
John Holley	Treasurer	Same as above		
SEVENTH: The aggre by classes, par value of share				a class,is: er Share
Number of Shares	Clase	Series	Stares are No Par Va	without
1000	Common		No Par Va	lue
MAR 2	27 1981		4720A	
			0915	

form 31-11-80

Eighth: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	.· <u>.</u>	Class:	Series S	or Value per Share or Statement that hares are without Par Value
				. · · ·
		1::- 1::- 1::- 1::- 1::- 1::- 1::- 1::-	i s	·
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			• •	•
Dated Feb. 23,	, 19 ⁸¹	McSHAWN'	S PUB, INC.	
	;		(NAME OF CORPORATION	· ·
		do	1 :011 111	•
		By John	HALLE	
	:		Pa w	
			Its Pars President	
.		فكأنسوب المعاليجا إربيات		

Form 31 8-79

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

	OF		
***************************************	McSHAWN'S PUB,	INC.	
Pursuant to the amended, the unders First: The name	provisions of Section 7.1 igned corporation hereby ne of the corporation is	.1-118 of the G	eneral Laws, 1956, as
SECOND: It is	incorporated under the la	ws of Rhode Isl	and
	dress of its registered office		
and the name of its rep	gistered agent in Rhode Isl	and at such addi	ess is
	oreign corporation, the add of which it is incorporated	is	
Island, briefly stated,	aracter of the business in is operating a retail establing beverages and for and operating a Class b	which it is actuated to actuate the second at retail to	r the purpose
SIXTH: The nar	nes and respective addresse	es of its directors	
JOHN HOLLEY	Director	1336 Cranston	Address St., Cranston
Kathleen Holley			St., Cranston
	Director		······································
	Director		
John Holley Kathleen Holley	•		***************************************
	Vice President		
John Holley John Holley	Secretary		
John Bolley	Treasurer	Same as above	
SEVENTH: The a by classes, par value of	ggregate number of shares shares, shares without par	which it has autl value, and series,	nority to issue, itemized if any, within a class, is:
Number of Shares	Class	1 Series	Par Value per Share or Statement that Shares are without Par Value
1000	Common	89 89	No Par Value
		7202A14····	

JAN 24 1980

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
	_		
		·	
D. J. January II	1080	McSHAWN'S PUBL, INC.	
Dated January 11,	, 1980 By	(NAME OF CORPO	nation Uz
			Ment