



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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 04 2021

| 1. Entity ID Number 001711262 | | 2. Exact name of the Corporation Morse Tavern Inc | | | | | | | | | | | | |
|--|-------------|--|--|-------------------|--------------|------------------|--------------|-----------|-------|-----|-----|--|--|--|
| 3. Principal Office Address 446 Tiogue Ave | | | City Coventry | State RI | Zip 02816 | | | | | | | | | |
| 4. NAICS Code 722511 | | 6. Brief description of the character of business conducted in Rhode Island Full service restaurant | | | | | | | | | | | | |
| 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 Theresa Dansereau | | | Vice-President Name Theresa Dansereau | | | | | | | | | | | |
| Street Address 36 Bartlett St #36 | | | Street Address 36 Bartlett St #36 | | | | | | | | | | | |
| City Northborough | State MA | Zip 01532 | City Northborough | State MA | Zip 01532 | | | | | | | | | |
| Secretary Name Theresa Dansereau | | | Treasurer Name Theresa Dansereau | | | | | | | | | | | |
| Street Address 36 Bartlett St #36 | | | Street Address 36 Bartlett St #36 | | | | | | | | | | | |
| City Northborough | State MA | Zip 01532 | City Northborough | State MA | Zip 01532 | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| Director Name Theresa Dansereau | | | Director Name | | | | | | | | | | | |
| Street Address 36 Bartlett St #36 | | | Street Address | | | | | | | | | | | |
| City Northborough | State MA | Zip 01532 | City | State | Zip | | | | | | | | | |
| Director Name | | | Director Name | | | | | | | | | | | |
| Street Address | | | Street Address | | | | | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | | | | | |
| 9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. | | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | |
| | | | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>10000</td> <td>CWP</td> <td>.61</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 10000 | CWP | .61 | | | |
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| 10000 | CWP | .61 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 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 Theresa Dansereau | | | | Date 1/30/2021 | | | | | | | | | | |
| Signature of Authorized Representative <i>Theresa Dansereau</i> | | | | | | | | | | | | | | |

MAIL TO:

Division of Business Services

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