



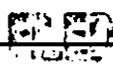
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

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.

1. Entity ID Number 47643		2. Exact name of the Corporation ST. CLAIR ANNEX, INC.			
3. Principal Office Address 141 Bay Street			City Westerly	State RI	Zip 02891
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island 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 George J. Nicholas			Vice-President Name Joann Nicholas		
Street Address 196 Pequot Trail			Street Address 196 Pequot Trail		
City Pawcatuck	State CT	Zip 06379	City Pawcatuck	State CT	Zip 06379
Secretary Name Joann Nicholas			Treasurer Name Joann Nicholas		
Street Address 196 Pequot Trail			Street Address 196 Pequot Trail		
City Pawcatuck	State CT	Zip 06379	City Pawcatuck	State CT	Zip 06379
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name George J. Nicholas			Director Name Joann Nicholas		
Street Address 196 Pequot Trail			Street Address 196 Pequot Trail		
City Pawcatuck	State CT	Zip 06379	City Pawcatuck	State CT	Zip 06379
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
		200		Common	\$10.00
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 <i>Joann Nicholas</i>					Date <i>2-5-2021</i>
Signature of Authorized Representative <i>[Signature]</i>					



SIGN DOCUMENT REPORT
FEB 10 2021 KM

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 1696