



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021

FEB 10 2021

Corporation

BY 3617 DS

- 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 3535		2. Exact name of the Corporation CAP'N JACK'S, INC.												
3. Principal Office Address 706 SUCCOTASH ROAD		City WAKEFIELD		State RI	Zip 02879									
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant, food and pub services												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Jack O. Piemonte			Vice-President Name Jack P. Piemonte											
Street Address 706 Succotash Road			Street Address 706 Succotash Road											
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879									
Secretary Name Martha Piemonte			Treasurer Name Jack P. Piemonte											
Street Address 706 Succotash Road			Street Address 706 Succotash Road											
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name Jack O. Piemonte			Director Name Jack P. Piemonte											
Street Address same as above			Street Address same as above											
City	State	Zip	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" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> <tr> <td style="text-align: center;">100</td> <td style="text-align: center;">Common</td> <td style="text-align: center;">-0-</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	-0-			
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100	Common	-0-												
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 Jack P. Piemonte				Date 2/1/21										
Signature of Authorized Representative 														

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov