



State of Rhode Island
Department of State - Business Services Division

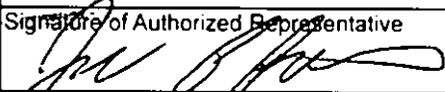
FILED

Annual Report for the year: 2021
 Corporation _____

FEB 10 2021

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"/> | | |
| | | | NUMBER OF SHARES | | CLASS/SERIFS |
| | | | PAR VALUE | | |
| | | | 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
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 Website: www.sos.ri.gov