RI SOS Filing Number: 202193489820 Date: 3/1/2021 4:00:00 PM

State of Rhode Island

## **Department of State - Business Services Division**

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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.

MAR	1 2021
3Y A	7514

1. Entity ID Number	2. Exact nar	me of the Corporation	on		_				
1699236		COMMON PUB & GRILLE, INC.							
3. Principal Office Address 421 WOOD STREET			City BRISTOL		State RI	Zip 02809			
4. NAICS Code	6. Brief desc	cription of the chara	cter of business	conducted in Rhode	Island				
722511	TO OWN A	TO OWN AND OPERATE A RESTAURANT AND BAR AND ALL LEGALLY RELATED							
5. State of Incorporation	ENDEAVO	RS							
RI									
7. List ALL officers (names ar	nd addresses)			Check	the box to in	ndicate an attachment 🔲			
President Name COURTNEY	POISSANT		Vice-Presiden	Vice-President Name COURTNEY POISSANT					
Street Address 421 WOOD STREET				Street Address 421 WOOD STREET					
City BRISTOL	State RI	<sup>Zip</sup> 02809	City BRISTOL		State RI	<sup>Zip</sup> 02809			
Secretary Name COURTNEY	POISSANT		Treasurer Nar	Treasurer Name COURTNEY POISSANT					
Street Address 421 WOOD STREET			Street Addres	Street Address 421 WOOD STREET					
City BRISTOL	State RI	Zip <sub>02809</sub>	City BRISTOL		State RI	Zip 02809			
8. List ALL directors (names a	and addresses)	<u>.</u>	<del></del>	Check	the box to ir	ndicate an attachment			
Director Name COURTNEY P	OISSANT		Director Name	9					
Street Address 421 WOOD STREET			Street Addres	Street Address					
City BRISTOL	State RI	Zip 02809	City		State	Zip			
Director Name		- · · · · · · · · · · · · · · · · · · ·	Director Name	9					
Street Address			Street Addres	Street Address					
City	State	Zip	City		State	Zip			
9. Shares Authorized	<u></u>	10. Shares Is	Lsued	Check	the box to in	l idicate an attachment			
This information is currently of record in the Department of State.  Changes require an additional filing.			OF SHARES	CLASS/SERIES PAR VALUE					
		1,000		COMMON		NO PAR			
11. This report must be execu					oration is in t	he hands of a receiver or			
trustee, this report must be ex Under penalty of perjury, I de	xecuted on behalf o declare and affirm	the corporation by that I have exami	the receiver or tined this report. i	rustee. Includina anv accol	mpanving so	hedules and			
statements, and that all sta	tements contained	d herein are true a	nd correct.						
Name of Authorized Represe	ntative				Date	1.			
COURTNEY POISSANT			·			3/21			
Signature of Authorized Repr	esentative	<del></del>				I			
	1 - 0 - 0								

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov