



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 STAMP

MAR 01 2021

5385

BY

1. Entity ID Number 000877704		2. Exact name of the Corporation McT's TAVERN, INC.												
3. Principal Office Address 940 MENDON ROAD			City CUMBERLAND		State RI									
			Zip 02864											
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island SALE OF FOOD AND ALCOHOL TO THE GENERAL PUBLIC												
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 TIMOTHY McCANN			Vice-President Name SANDI IWUC											
Street Address 164 BEAR HILL ROAD, UNIT #30			Street Address 164 BEAR HILL ROAD, UNIT #30											
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864									
Secretary Name SANDI IWUC			Treasurer Name SANDI IWUC											
Street Address 164 BEAR HILL ROAD, UNIT #30			Street Address 164 BEAR HILL ROAD, UNIT #30											
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name TIMOTHY McCANN			Director Name											
Street Address 164 BEAR HILL ROAD, UNIT #30			Street Address											
City CUMBERLAND	State RI	Zip 02864	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized 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.			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>100</td> <td>COMMON</td> <td>NO PAR VALUE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR VALUE			
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100	COMMON	NO PAR VALUE												
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 TIMOTHY McCANN					Date 1-30-2021									
Signature of Authorized Representative 														