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.

STAMP

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV 2021 MAY 28 P 1:02

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV 2021 MAY 21 A 10:25

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV 2021 MAY 30 P 4:04

1. Entity ID Number	2. Exact name of the Corporation			
000083058	Down East, Ltd.			
3. Principal Office Address		City	State	Zip
1288 Greenwich Avenue		Warwick	RI	02886
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
722410	Tavern			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
John R. Chappell	Jeanne Chappell
Street Address: 275 Plainfield Pike	Street Address: 275 Plainfield Pike
City: Scituate, State: RI, Zip: 02857	City: Scituate, State: RI, Zip: 02857
Secretary Name: Jeanne Chappell	**Treasurer Name:** John R. Chappell
Street Address: 275 Plainfield Pike	Street Address: 275 Plainfield Pike
City: Scituate, State: RI, Zip: 02857	City: Scituate, State: RI, Zip: 02857

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip
Director Name	Director Name
Street Address	Street Address
City, State, Zip	City, State, Zip

9. Shares Authorized

10. Shares Issued 100 — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100		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	Date
John R. Chappell	12/16/20

Signature of Authorized Representative: John Chappell

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

FILED
MAY 28 2021
BY VIACS
1:05

FORM 630 - Revised: 08/2020