



Annual Report for the year: 2021
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 JUN 30 A 8 39

1. Entity ID Number 000026124		2. Exact name of the Corporation HAPPY HOUR CLUB	
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island BAR/membership club	
4. NAICS Code 790303 PEN 7269			
6. Principal Office Address 404 BENEFIT ST		City PAWT	State R.I.
		Zip 02861	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert E. Vortell		Vice-President Name Mark Bennett	
Street Address 78 Rosemont Ave		Street Address 70 Rosemont Ave	
City PAWT	State R.I.	City PAWT	State R.I.
Zip 02861		Zip 02861	
Secretary Name Karen Freeman		Treasurer Name Robert E. Vortell	
Street Address 78 Rosemont Ave		Street Address 78 Rosemont Ave	
City PAWT	State R.I.	City PAWT	State R.I.
Zip 02861		Zip 02861	
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Roger Nallette		Director Name David Mallon	
Street Address 306 BENEFIT ST		Street Address 39 Bellmore Drive	
City PAWT	State R.I.	City PAWT	State R.I.
Zip 02861		Zip 02861	
Director Name Amy Borghan		Director Name	
Street Address 535 BENEFIT ST		Street Address	
City PAWT	State R.I.	City	State
Zip 02861		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Robert E. Vortell			Date 6/29/21
Signature of Officer/Authorized Representative <i>[Signature]</i>			

FILED

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

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