



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2023  
**Corporation**

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**

JAN 30 2023

BY

1. Entity ID Number <b>000074360</b>		2. Exact name of the Corporation <b>Trinity Beer Works, Inc.</b>						
3. Principal Office Address <b>186 Fountain Street</b>				City <b>Providence</b>		State <b>RI</b>	Zip <b>02903</b>	
4. NAICS Code <b>722410</b>		6. Brief description of the character of business conducted in Rhode Island <b>Maintain and operate a restaurant and bar</b>						
5. State of Incorporation <b>Rhode Island</b>								
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>								
President Name <b>Joshua B. Miller</b>			Vice-President Name <b>Joshua B. Miller</b>					
Street Address <b>186 Fountain Street</b>			Street Address <b>186 Fountain Street</b>					
City <b>Providence</b>		State <b>RI</b>	Zip <b>02903</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>Joshua B. Miller</b>			Treasurer Name <b>Joshua B. Miller</b>					
Street Address <b>186 Fountain Street</b>			Street Address <b>186 Fountain Street</b>					
City <b>Providence</b>		State <b>RI</b>	Zip <b>02903</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02903</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>								
Director Name <b>None</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
			<b>200</b>		<b>Common</b>		<b>No Par</b>	
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. <b>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.</b>								
Name of Authorized Representative <b>Joshua B. Miller</b>						Date <b>1/24/23</b>		
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