



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 000074360		2. Exact name of the Corporation Trinity Beer Works, Inc.			
3. Principal Office Address 186 Fountain Street		City Providence		State RI	Zip 02903
4. NAICS Code 722410		6. Brief description of the character of business conducted in Rhode Island Maintain and operate a restaurant and bar			
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 Joshua B. Miller			Vice-President Name Joshua B. Miller		
Street Address 186 Fountain Street			Street Address 186 Fountain Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Joshua B. Miller			Treasurer Name Joshua B. Miller		
Street Address 186 Fountain Street			Street Address 186 Fountain Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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 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.			NUMBER OF SHARES		
			CLASS/SHARES		
			PAR VALUE		
			200	Common	No Par
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 Joshua B. Miller					Date 1/24/23
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021