



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.

STAMP

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 DEPT. OF STATE
 SECRETARY OF STATE
 3/28/2023 4:01 PM

1. Entity ID Number 000171143		2. Exact name of the Corporation The Hitching Post, Inc.			
3. Principal Office Address 5400 Post Road			City Charlestown	State RI	Zip 02813
4. NAICS Code 722511		6. Brief description of the character of business conducted in Rhode Island Restaurant and food service.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Tammy McLellan			Vice-President Name Timothy McLellan		
Street Address 5400 Post Road			Street Address 5400 Post Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Tammy McLellan			Treasurer Name Timothy McLellan		
Street Address 5400 Post Road			Street Address 5400 Post Road		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Tammy McLellan			Director Name		
Street Address 5400 Post Road			Street Address		
City Charlestown	State RI	Zip 02813	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES CLASS/SERIES PAR VALUE 100 Common Shares with 0.00 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 Tammy McLellan					Date 3-15-23
Signature of Authorized Representative <i>Tammy McLellan</i>					FILED

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

 MAR 28 2023
 BY ML 8950