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## State of Rhode Island

## **Department of State - Business Services Division**

## Annual Report for the year: 2024 Corporation

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00

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Penalty: Additional \$25.00 fe	e if form is not file	ed by May 31.		Œ		
1. Entity ID Number 000047643	2. Exact name of the Corporation St. Clair Annex, Inc.					
Principal Office Address     141 Bay Street			City <b>Westerly</b>	State RI	Zip <b>02891</b>	
4. NAICS Code 722513	Brief description of the character of business conducted in Rhode Island     RESTAURANT					
5. State of Incorporation RI						
7. List ALL officers (names and add	lresses)		Check tl	he box to indicate a	an attachment 🔲	
President Name  James G. Nicholas			Vice-President Name			
Street Address 141 Bay Street			Street Address			
City <b>Westerly</b>	State RI	Zip <b>02891</b>	City	State	Zip	
Secretary Name James G. Nicholas			Treasurer Name James G. Nicholas			
Street Address 141 Bay Street			Street Address 141 Bay Street			
City <b>Westerly</b>	State RI	Zip <b>02891</b>	City Westerly	State RI	Zip <b>02891</b>	
8. List ALL directors (names and ac	ldresses)		Check to	he box to indicate	an attachment 🔲	
Director Name James G. Nicholas			Director Name			
Street Address 141 Bay Street			Street Address			
City <b>Westerly</b>	State RI	Zip <b>02891</b>	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized 10. Share		10. Shares Issue	Ssued Check the box to indicate an attachment			
This information is currently of record in the Department of State.		NUMBER OF SHARES CLASS/SERILS PAR VALUE				
		200	Common Sha	res \$10	0.00 par value	
Changes require an additional filing.		L				
<ol> <li>This report must be executed or trustee, this report must be execute</li> </ol>			horized representative. If the corporate receiver or trustee.	ation is in the hand	ls of a receiver or	
Under penalty of perjury, I declar statements, and that all statemen			this report, including any accomporrect.	panying schedule	s and	
Name of Authorized Representative	•			Date //3n/	24	
James G. Nicholas Signature of Authorized Representa	ative	<u>.                                      </u>	FILED			
MAIL TO			FEB 0 5 2024			

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov