



State of Rhode Island
Department of State - Business Services Division

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STAMP
FOR
REGISTRAR OF STATE
SECRETARY

Annual Report for the year: 2024
Corporation

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

1. Entity ID Number 000047643		2. Exact name of the Corporation St. Clair Annex, Inc.			
3. Principal Office Address 141 Bay Street			City Westerly	State RI	Zip 02891
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island RESTAURANT			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name James G. Nicholas			Vice-President Name _____		
Street Address 141 Bay Street			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name James G. Nicholas			Treasurer Name James G. Nicholas		
Street Address 141 Bay Street			Street Address 141 Bay Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name James G. Nicholas			Director Name		
Street Address 141 Bay Street			Street Address		
City Westerly	State RI	Zip 02891	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. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SERIALS Common Shares	PAR VALUE \$10.00 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.					
<i>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.</i>					
Name of Authorized Representative James G. Nicholas					Date 1/30/24
Signature of Authorized Representative 					FILED

FILED
FEB 05 2024
BY ML 341

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