



State of Rhode Island
Department of State - Business Services Division

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FOR
REGISTRY 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 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
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 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
Director Name James G. Nicholas			Director 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
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/SERIALS PAR VALUE			
		200		Common Shares \$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.					
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 James G. Nicholas					Date 1/30/24
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

FILED
FEB 05 2024
BY **ML 341**