



**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
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED**

MAR 13 2024

BY 1773  
*[Signature]*

1. Entity ID Number <b>1660743</b>	2. Exact name of the Corporation <b>Apponaug Brewing Company, Inc.</b>
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3. Principal Office Address <b>51 Woods Way</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
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4. NAICS Code <b>312120</b>	6. Brief description of the character of business conducted in Rhode Island <b>Brewing company.</b>
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5. State of Incorporation <b>Rhode Island</b>	
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <b>Tamara McKenney</b>			Vice-President Name <b>Kristin L. Waugh</b>		
Street Address <b>51 Woods Way</b>			Street Address <b>5 Virginia Ave.</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>Kristin L. Waugh</b>			Treasurer Name <b>Tamara McKenney</b>		
Street Address <b>5 Virginia Ave.</b>			Street Address <b>51 Woods Way</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>

8. List ALL directors (names and addresses) Check the box to indicate an attachment

Director Name <b>Tamara McKenney</b>			Director Name <b>Kristin L. Waugh</b>		
Street Address <b>51 Woods Way</b>			Street Address <b>5 Virginia Ave.</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
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

This information is currently of record in the Department of State.  Changes require an additional filing.	<small>NUMBER OF SHARES                      CLASS/SERIES                      PAR VALUE</small>		
	<b>6,000</b>	<b>Common</b>	<b>\$0.01</b>

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 <b>Tamara McKenney</b>	Date <b>3/6/24</b>
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Signature of Authorized Representative <i>[Signature]</i>
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**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov