



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 1660743	2. Exact name of the Corporation Apponaug Brewing Company, Inc.
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3. Principal Office Address 51 Woods Way	City North Kingstown	State RI	Zip 02852
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4. NAICS Code 312120	6. Brief description of the character of business conducted in Rhode Island Brewing company.
5. State of Incorporation Rhode Island	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Tamara McKenney			Vice-President Name Kristin L. Waugh		
Street Address 51 Woods Way			Street Address 5 Virginia Ave.		
City North Kingstown	State RI	Zip 02852	City East Greenwich	State RI	Zip 02818
Secretary Name Kristin L. Waugh			Treasurer Name Tamara McKenney		
Street Address 5 Virginia Ave.			Street Address 51 Woods Way		
City East Greenwich	State RI	Zip 02818	City North Kingstown	State RI	Zip 02852

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Tamara McKenney			Director Name Kristin L. Waugh		
Street Address 51 Woods Way			Street Address 5 Virginia Ave.		
City North Kingstown	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">NUMBER OF SHARES</th> <th style="width: 40%;">CLASS/SERIES</th> <th style="width: 30%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">6,000</td> <td style="text-align: center;">Common</td> <td style="text-align: center;">\$0.01</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	6,000	Common	\$0.01			
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6,000	Common	\$0.01								

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 Tamara McKenney	Date 3/6/24
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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