


**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.

 BY GEWNR

MAR 26 2024

 REC'D RIOS ASD  
 MAR 26 PM 12:30

1. Entity ID Number <u>000066922</u>		2. Exact name of the Corporation <u>PATRICK'S Pub Inc</u>	
3. Principal Office Address <u>52 LaSalle Drive</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02908</u>	
4. NAICS Code <u>722511</u>	6. Brief description of the character of business conducted in Rhode Island <u>Restaurant &amp; Pub</u>		
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>PATRICK T GRIFFIN</u>		Vice-President Name <u>PATRICK T GRIFFIN</u>	
Street Address <u>52 LaSalle Drive</u>		Street Address <u>52 LaSalle Drive</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City <u>Providence</u>
			State <u>RI</u>
			Zip <u>02908</u>
Secretary Name <u>Same as above</u>		Treasurer Name <u>SAME AS ABOVE</u>	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>PATRICK T GRIFFIN</u>		Director Name <u>same as above</u>	
Street Address <u>52 LaSalle Drive</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</u>	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		<u>400</u>	<u>CNP</u>
			<u>0.00</u>
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 <u>PATRICK T GRIFFIN</u>		Date <u>3/26/24</u>	
Signature of Authorized Representative <u>[Signature]</u>			

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