



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:

Corporation

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

MAY 01 2024

1743 a

1. Entity ID Number 33220		2. Exact name of the Corporation AC & B TAVERN, INC.					
3. Principal Office Address 2 Proto Lane		City Bristol	State RI	Zip 02809-0000			
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island operation of a bar/restaurant						
5. State of Incorporation RI							
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
President Robert Drew, Jr.		Vice President Name Robert Drew, Jr.					
Street Address 2 Proto Lane		Street Address 2 Proto Lane					
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809		
Secretary Robert Drew, Jr.		Treasurer Name Robert Drew, Jr.					
Street Address 2 Proto Lane		Street Address 2 Proto Lane					
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name Robert Drew, Jr.		Director Name None					
Street Address 2 Proto Lane		Street Address None					
City Bristol	State RI	Zip 02809	City None	State None	Zip None		
Director Name None		Director Name None					
Street Address None		Street Address None					
City None	State None	Zip None	City None	State None	Zip None		
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
		NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
		300		Common		No Par	
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 Robert Drew, Jr. President				Date 1/04/2024			
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