



**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**  
MAY 02 2024  
BY *[Signature]*

1. Entity ID Number <b>1699236</b>		2. Exact name of the Corporation <b>Common Pub &amp; Grille., Inc.</b>			
3. Principal Office Address <b>421 Wood Street</b>			City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
4. NAICS Code <b>722511</b>		6. Brief description of the character of business conducted in Rhode Island <b>To own and operate a restaurant and bar and all legally related endeavors</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Courtney Poissant</b>			Vice-President Name <b>Courtney Poissant</b>		
Street Address <b>421 Wood Street</b>			Street Address <b>421 Wood Street</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Secretary Name <b>Courtney Poissant</b>			Treasurer Name <b>Courtney Poissant</b>		
Street Address <b>421 Wood Street</b>			Street Address <b>421 Wood Street</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Courtney Poissant</b>			Director Name		
Street Address <b>421 Wood Street</b>			Street Address		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	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	
		100		Common	
				PAR VALUE	
				No 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. <b>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.</b>					
Name of Authorized Representative <b>Courtney Poissant</b>					Date <b>4/24/24</b>
Signature of Authorized Representative <i>[Signature]</i>					

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