



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

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

REC'D RIDG5 BSD
25 JAN 23 AM 10:33:23

1. Entity ID Number 817900		2. Exact name of the Corporation BUKANAN SPORTS BAR INC												
3. Principal Office Address 188-190 PLAINFIELD ST		City PROV		State RI	Zip 02909									
4. NAICS Code 722513		6. Brief description of the character of business conducted in Rhode Island FULL SERVICE RESTAURANT + BAR												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name BRYAN MORALES			Vice-President Name AGUILAR BARRIOS											
Street Address 211 GOODING AVE			Street Address 36 VERMONT ST											
City BRISTOL	State RI	Zip 02809	City JOHNSTON	State RI	Zip 02919									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name NONE			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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 <input type="checkbox"/>											
This information is currently of record in the Department of State. Changes require an additional filing.			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>COMMON</td> <td>0.0100</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	COMMON	0.0100			
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1000	COMMON	0.0100												
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 ATT THOMAS A HANLEY					Date 1/16/2025									
Signature of Authorized Representative <i>Thomas A Hanley</i>														

FILED 10:33

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

JAN 23 2025

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