



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.

FILED

FEB 24 2025

BY 1476  
2025

1. Entity ID Number <u>000002193</u>		2. Exact name of the Corporation <u>BEER BARN, INC.</u>	
3. Principal Office Address <u>200 INDUSTRIAL DRIVE</u>		City <u>No. Smithfield</u>	State <u>RI</u>
4. NAICS Code <u>722513</u>		6. Brief description of the character of business conducted in Rhode Island <u>Fast Food Restaurant</u>	
5. State of Incorporation <u>R.I.</u>		Zip <u>02896</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>MARC M. BRANCHAUD</u>		Vice-President Name	
Street Address <u>7 TROUT BROOK LANE</u>		Street Address	
City <u>No. Smithfield</u>	State <u>RI</u>	Zip <u>02896</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
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		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
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.		NUMBER OF SHARES <u>410</u>	
Changes require an additional filing.		CLASS/SERIES <u>Common Stock</u>	
		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.			
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>MARC M. BRANCHAUD</u>		Date <u>1-28-25</u>	
Signature of Authorized Representative <u>[Signature]</u>			

MAIL TO:  
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