



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
MAR 31 2025
BY 1929

1. Entity ID Number 1701205		2. Exact name of the Corporation Western Hotel Pub, Inc.	
3. Principal Office Address 610 Douglas Pike		City Burrillville	State RI
		Zip 02830	
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island To operate a restaurant and pub.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Mark E. Murphy		Vice-President Name Jonathan Murphy	
Street Address 595 Town Farm Road		Street Address 312 Knibb Road	
City Pascoag	State RI	City Pascoag	State RI
Zip 02859		Zip 02859	
Secretary Name Jonathan Murphy		Treasurer Name Mark E. Murphy	
Street Address 312 Knibb Road		Street Address 595 Town Farm Road	
City Pascoag	State RI	City Pascoag	State RI
Zip 02859		Zip 02859	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		200	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 Mark E. Murphy			Date 3-20-25
Signature of Authorized Representative <i>Mark E. Murphy</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