



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2025 MAY 9 10:07

1. Entity ID Number 001338053		2. Exact name of the Corporation RHODE ISLAND BARTENDING SCHOOL, INC.	
3. Principal Office Address 1395 Atwood Avenue, Suite 208		City Johnston	State RI
		Zip 02919	
4. NAICS Code 611110	6. Brief description of the character of business conducted in Rhode Island Bartending School		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Renee L. Desrosiers		Vice-President Name Renee L. Desrosiers	
Street Address 1395 Atwood Avenue, Suite 208		Street Address 1395 Atwood Avenue, Suite 208	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Secretary Name Renee L. Desrosiers		Treasurer Name Renee L. Desrosiers	
Street Address 1395 Atwood Avenue, Suite 208		Street Address 1395 Atwood Avenue, Suite 208	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Renee L. Desrosiers		Director Name	
Street Address 1395 Atwood Avenue, Suite 208		Street Address	
City Johnston	State RI	City	State
Zip 02919		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 50	CLASS/SERIES 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.			
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 Renee L. Desrosiers			Date 4/23/25
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

FILED
MAY 09 2025
BY 2012
PJA