



**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

MAY 19 2025
BY *[Signature]*
RECEIVED
DEPT. OF STATE
BUS. SCS DIV.
MAY 19 P 3:58

1. Entity ID Number 000003535		2. Exact name of the Corporation CAP'N JACK'S, INC.	
3. Principal Office Address 706 Succotash Road		City Wakefield	State RI
		Zip 02879	
4. NAICS Code 722511	6. Brief description of the character of business conducted in Rhode Island Restaurant, food and pub service		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jack O. Piemonte		Vice-President Name Jack P. Piemonte	
Street Address 706 Succotash Road		Street Address 706 Succotash Road	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
Secretary Name Martha Piemonte		Treasurer Name Jack P. Piemonte	
Street Address 706 Succotash Road		Street Address 706 Succotash Road	
City Wakefield	State RI	City Wakefield	State RI
Zip 02879		Zip 02879	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Jack O. Piemonte		Director Name Jack P. Piemonte	
Street Address same as above		Street Address same as above	
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. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		100	Common
			-0-
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 Martha Piemonte, Secretary		Date 5/1/2025	
Signature of Authorized Representative <i>Martha Piemonte</i>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov