



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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
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	Zip 02879	City Wakefield	State RI	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	Zip 02879	City Wakefield	State RI	Zip 02879		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name Jack O. Piemonte		Director Name Jack P. Piemonte					
Street Address same as above		Street Address same as above					
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 <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.  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. <i>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.</i>					Name of Authorized Representative Martha Piemonte, Secretary		Date 5/1/2025
Signature of Authorized Representative <i>[Signature]</i>							

MAIL TO:  
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