RI SOS Filing Number: 202446737650 Date: 2/14/2024 4:00:00 PM

State of Rhode Island Department of State - Business Services Division FILED							
Annual Report for the year: 2 Corporation → Filing period: February 1 - 1 → Filing Fee: \$50,00 → Penalty: Additional \$25.00 fe	FEB 1 4 2074 BYU2O						
1. Entity ID Number 000022532	2. Exact name of the Corporation Lincoln Bar & Grille Inc.					05	
3. Principal Office Address 151 Putnam Pike			City Johnst	on	State RI	Z _{ip} 02919	
4. NAICS Code 531390 5. State of Incorporation RI	Brief description of the character of business conducted in Rhode Island Real Estate Holdings						
7. List ALL officers (names and addresses) President Name Judith P Higgins				Check the box to indicate an attachment Vice-President Name			
Street Address 17 Warren Street			Street Address				
^{City} Smithfield	State RI	^{Zip} 02917	City		State	Zρ	
Secretary Name Judith P Higgins			Treasurer Name Judith P Higgins				
Street Address 17 Warren Street			Street Address 17 Warren Street				
^{C:y} Smithfield	State RI	^{Z_{ip}} 02917	City Smithfield		State R	I 02917	
8. List ALL directors (names and addresses) Director Name Judith P Higgins Street Address 17 Warren Street				Check the box to indicate an attachment Director Name Street Audress			
City Smithfield		RI ^{Z p} 02917 C:ty			State	Z·o	
Director Name			Director Name				
Street Address City	State	Zıp	Street Add	ress	State	Zip	
9. Shares Authorized This Information is currently of recor	d in the	10 Shares Issu			ck the box to indic	cate an attachment PAR VALUE	
Department of State. Changes require an additional filing.		100				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 Date 02/08/2024 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.n.gov