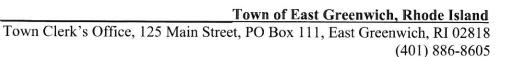


Town of East Greenwich, Rhode Island
Town Clerk's Office, 125 Main Street, PO Box 111, East Greenwich, RI 02818 (401) 886-8605

# **Board of Licensing Commissioners** Application for Alcoholic Beverage License by Corporation DECEMBER 1, 2018 to NOVEMBER 30, 2019

(Pursuant to provisions of RIGL Title 3)
RETAILER CLASS:
ABH_BMBTBV_X_BVLCE_EDJ_T(1:00 a.m.)
NAME OF ADDITIONAL (C
NAME OF APPLICANT (Corporation Name)  East Greenwich Taver LLC  TEL#  701-318-1228
D/B/A Tavern on Main EG
ADDRESS OF PREMISES 50 Main St. East Greenwich Rt 02818
STATE INCORPORATED RT DATE INCORPORATED NOV 9, 2018
NAME, ADDRESS AND TELEPHONE NUMBER OF ALL OFFICERS: PRESIDENT
VICE-PRESIDENT
SECRETARY
TREASURER
NAME, ADDRESS AND TELEPHONE NUMBER OF ALL DIRECTORS OR BOARD MEMBERS:
Christian D'Agostino 4106 14th Ave 5. moortead MV 56560
701-318-1238
Christopher Roebuck, 81 Point Ale. Wake field Rt 02879
401-791-1831
CLASSES OF STOCK:
(a) Amount of Each Authorized:
(b) Amount of Each Issued:
NAMES AND ADDRESSES OF ALL REGISTERED OWNERS OF EACH CLASS AND AMOUNT OWNED: (attach
list if necessary)  85% (A)
Christian Diagostino - same as above - 4000 ownership
15%
Christopher Roebuck - samaraboue 180% ourseship
IF ANY OF THE ABOVE STOCK IS HYPOTHECATED OR PLEDGED, PROVIDE DETAILS:
$\mathcal{N}$ A
IF APPLICATION IS ON BEHALF OF UNDISCLOSED PRINCIPAL OR PARTY IN INTEREST, PROVIDE
DETAILS: $\mathcal{N}$ A
Does Applicant Own Premises? Is Property Mortgaged? Is Property Leased?
Yes No Yes No Yes No
NAME AND ADDRESS OF MORTGAGEE OR LESSEE AND AMOUNT OF EXTENT:
Grep Arrade CUC 50 main 3+ Suite 200 5 years
LOCATIONS WITHIN OR OUTSIDE OF BUILDING WHERE LIQUOR WILL BE SERVED:
antice lines
HAVE ANY OFFICERS, BOARD MEMBERS OR STOCKHOLDERS EVER BEEN ARRESTED OR CONVICTED
OF A CRIME? YESNO IF YES, PLEASE EXPLAIN:

IS ANY OTHER BUSINESS TO BE CARRIED ON IN LICENSED PREMISES? YESNO _X IF YES, PLEASE EXPLAIN:		
IF 1E5, FLEASE EAFLAIN.		
IS ANY OFFICER, BOARD MEMBER OR STOCKHOLI ENFORCEMENT OFFICER? YES NO		
ENFORCEMENT OFFICER? YESNO	Y IF YES, PLEASE EXPLAIN:	
IG A DDI IGANIE OD ANIE OD IGO DO IGO		
IS APPLICANT OR ANY OF ITS OFFICERS, BOARD M. DIRECTLY OR INDIRECTLY AS PRINCIPLE OR ASSO		
LICENSE ISSUED UNDER CHAPTER 3 OF THE GENE		
NOIF YES, PLEASE EXPLAIN:		
IS APPLICANT THE OWNER OR OPERATOR OF ANY PLEASE EXPLAIN:	OTHER BUSINESS? YES NO IF YES,	
Tavein on main	Wakefield RI 07879	
STATE AMOUNT OF CAPITAL INVESTED IN THE BU		
DOES ESTABLISHMENT HAVE A DRAFT SYSTEM (R	ICI 3-7-25)2	
DOES ESTREEM, ENTER TOTAL TOTAL (I	yes	
I HERERY CERTIFY THAT THE AROVE STATEMENT	S ARE TRUE TO THE BEST OF MY KNOWLEDGE AND	
BELIEF!	S ARE TRUE TO THE BEST OF MT KNOWLEDGE AND	
PMAZ	1, 11 1018	
APPLICANT (signature)	DATE	
Christian D'Agostino	owner	
PRINTED NAME AND TITLE		
Claire m Dossia	11/16/18	
WITNESS OR NOTARY PUBLIC  Instructions for Applicants  DATE		
Every question on Application Form must be answer     sufficient grounds for the depial of the application or	red. Any false statement made by the Applicant will be the revocation of the license in case one has been granted.	
<ol><li>Corporations having 25 or more stockholders need</li></ol>	not file a list of the names and addresses of stockholders.	
<ol> <li>Attention is called to the requirements of RIGL 3-5-10:</li> <li>a) All newly elected officers or directors must be reported to the Board of License Commissioners within 30</li> </ol>		
days.		
<li>Any acquisition by any person of more than ten per cent (10%) of any class of corporate stock must be reported within 30 days.</li>		
c) Any transfer of fifty per cent (50%) or more of any class of corporate stock can be made only by written		
application to the licensing board subject to the procedures for a transfer of a license.  4. Submit with this application a copy of proposed menu. (Class BV; BVL)		
5. Submit a Criminal History Record for all Officers, obtained at the RI Attorney General's office (new applicants		
only). 6. Submit a copy of Pharmacist's License from the Department of Health (Class E).		
<ol><li>Should your business close for any reason, please contact the Town Clerk at 401-886-8604.</li></ol>		
<ol><li>Applicant certifies that under penalties of perjury that such person has filed all required tax returns and paid all taxes due the State per RIGL 5-76-2.</li></ol>		
Office Use		
Date Approved by Council: Fee Paid:	Date License Issued: Date License Expires:	
License Issued By:	Date License Expires.	



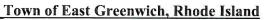


APPLICATION FOR VICTUALING LICENSE DECEMBER 1, 2018 to NOVEMBER 30, 2019

(Pursuant to provisions of RIGL Section 5-24-1)

(I disdant to provisions	of Riol Section 3-24-1)	
RENEWAL	NEW	
BUSINESS NAME East Greenwich	Tavern, LLC	
(D/B/A) Tavernon Main EG LOCATION OF BUSINESS 50 Main 5-	Earl Consul Pt page	
DISTNESS ADDDESS (If different then leastion)	t. East Greenwich RI 02818	
BUSINESS ADDRESS (If different than location)  TELEPHONE 701-3/8-1228 HOUR	mon-Fri llam-lam RS OF OPERATION Sat-Sun 9am-lam	
SOLE PROPRIETOR (PRINT NAME, ADDRESS AN	ID DATE OF BIRTH):	
<u>ADDRESS</u>	<b>DATE OF BIRTH</b>	
CORPORATIONS/PARTNERSHIPS (PRINT NAME, ADDRESS AND DATE OF BIRTH of all partners or principal officers and stockholders):  NAME  ADDRESS  Christian D'Agostino 4106 1434 Ave 5. Moschead MN 56560 9/11/72  Christopher Roebuck 81 Doint Ave Wake field R5 02879  DESCRIBE TYPE OF OPERATION (Restaurant, Bakery, etc.):  restquant Is your operation and storage area all on one floor? Yes  No. of Kitchens  No. of Kitchens		
RI RETAIL SALES TAX PERMIT NO.		
I HEREBY CERTIFY THAT THE ABOVE STATEME KNOWLEDGE AND BELIEF.  SIGNATURE OF APPLICANT:	ENTS ARE TRUE TO THE BEST OF MY  DATE: Nov 16, 2018	
NOTE: INSPECTIONS BY THE RI HEALTH DEPT, REQUIRED. NO ACTIVITY WILL BE AUTHORIZ OBTAINED. ALL TAXES MUST BE PAID.  (A victualing house is a business where food is prepared a Office Use	BUILDING INSPECTOR AND FIRE MARSHAL ARE ED UNTIL SATISFACTORY CERTIFICATES ARE and/or consumed on the premises.	
Date Approved by Council:	Date License Issued:	
Fee Paid: \$75.00	Date License Expires:	
Extended Hours (1 AM – 4 AM) \$100.00 *	Zate Zieriae Zipirea.	
License Issued By:		

<sup>\*</sup>Please note the extended hours fee is \$100 total not in addition to the \$75





Town Clerk's Office, 125 Main Street, PO Box 111, East Greenwich, RI 02818 (401) 886-8605

### APPLICATION FOR OUTDOOR SIDEWALK LIQUOR SERVICE DECEMBER 1, 2018 to NOVEMBER 30, 2019

Pursuant to provisions of Chapter 15-8 of East Greenwich Town Charter

RENEWAL	NEW
BUSINESS NAME: East Greenwich T	avern, LLC
(D/B/A): Tavernon main EG	
LOCATION OF BUSINESS: 50 Main 5+	East Greenwich RI 02818
MAILING ADDRESS: 59 Me	
TELEPHONE NUMBERS: 701-318-1228	
HOW MANY TABLES?	HOW MANY CHAIRS? 12
1. Applicant must be the holder of a valid Class BV	liquor license;
<ol> <li>Upon approval, liquor may be served at an outside only in conjunction with the service of a full mea</li> </ol>	e table seven days a week, from 11:00 a.m. to 11:00 p.m., al;
3. A public right-of-way shall be maintained at all twith Disabilities Act, 42 U.S.C.A. § 12132;	imes on public sidewalks as mandated by the Americans
<ol> <li>Tables with outdoor sidewalk liquor service sha temporary physical barrier;</li> </ol>	all be separated from the rest of the sidewalk area by a
5. This service may be revoked at any time without Council.	the right to a hearing at the sole discretion of the Town
I HEREBY CERTIFY THAT THE ABOVE STATEMEN	NTS ARE TRUE TO THE BEST OF MY
KNOWLEDGE AND BELIEF.	
SIGNATURE (M)	DATE Nov16, 2018
LICENSE FEE: \$150.00	PAYABLE TO: TOWN OF EAST GREENWICH
Office Use Only	
Date Approved by Council:	Date License Issued:
Fee Paid:	Date License Expires:
License Issued By:	

## EAST GREENWICH FIRE DEPARTMENT

111 PEIRCE STREET, EAST GREENWICH, RHODE ISLAND 02818
TELEPHONE 886-8693 • FAX: 886-8652



### **BUILDING AND CONTACT INFORMATION UPDATE FORM**

BUILDING ADDRESS: 50 Main St. East Greenwich Rtodsig
OWNERS NAME: Christian D'Agostino
IF CORPORATION, LISTED AGENT:
OWNER MAILING ADDRESS: 9106 19sh Ave. 5.
CITY: Moorhead STATE: MN ZIP CODE 56560
OWNER PHONE: 701-318-1228
#1 EMERGENCY CONTACT: Glenda D'Agostino PHONE: 701-446-718
#2 EMERGENCY CONTACT: Kate Lasko PHONE: 401-294-3936
PLEASE ANSWER ALL THAT APPLY:
FIRE ALARM TESTING COMPANY: Bourgue Systems PHONE: 401-739-3473
SPRINKLER TESTING COMPANY:PHONE:
IF YOU WILL BE CHANGING THE LOCKS ON YOUR BUILDING PLEASE CALL 401-886-8688 AND A REPRESENTATIVE FROM THE FIRE DEPARTMENT WILL ASSIST YOU IN UPDATING YOUR KEY BOX.

RI SOS Filing Number: 201880978100 Date: 11/8/2018 10:59:00 PM



### State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

**Limited Liability Company Articles of Organization** 

(Chapter 7-16-6 of the General Laws of Rhode Island, 1956, as amended)

A	RT		1
4	ĸı	 _	

The name of the limited liability company is: East Greenwich Tavern, LLC

#### **ARTICLE II**

The street address (post office boxes are not acceptable) of the limited liability company's registered agent in Rhode Island is:

No. and Street:

7592 POST RD.

City or Town:

NORTH KINGSTOWN State: RI

Zip: 02852

Fee: \$150.00

The name of the resident agent at such address is:

**CHRISTIAN D'AGOSTINO** 

#### **ARTICLE III**

Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as: Check one box only

^	~	partnership	

\_ a corporation \_\_\_ disregarded as an entity separate from its member

#### **ARTICLE IV**

The address of its principal office of the limited liability company if it is determined at the time of organization:

No. and Street:

50 MAIN ST.

City or Town:

EAST GREENWICH

State: RI

Zip: <u>02818</u>

Country: USA

#### **ARTICLE V**

The limited liability company has the purpose of engaging in any lawful business, unless a more limited purpose is set forth in Article VI of these Articles of Organization.

The period of its duration is: X Perpetual

#### **ARTICLE VI**

Additional provisions, if any, not inconsistent with law, which members elect to have set forth in these Articles of Organization, including, but not limited to, any limitation of the purposes or any other provision which may be included in an operating agreement:

#### **ARTICLE VII**

The limited liabilty company is to be managed by its <u>X</u> Members or <u>Managers</u> (check one) (If managed by Members, go to ARTICLE VIII)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

#### **ARTICLE VIII**

The date these Articles of Organization are to become effective, not prior to, nor more than 30 days after the filing of these Articles of Organization.

Later Effective Date: 11/09/2018

This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

Signed this 8 Day of November, 2018 at 11:03:25 PM by the Authorized Person.

#### CHRISTIAN D'AGOSTINO

Address of Authorized Signer: 7592 POST RD. NORTH KINGSTOWN, RI 02852

Form No. 400 Revised 09/07

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RI SOS Filing Number: 201880978100 Date: 11/8/2018 10:59:00 PM



I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

November 08, 2018 10:59 PM

Nellie M. Gorbea Secretary of State

Tullin U. Boler



Exhibit B-1

### Leased Premises - Building Layout

### Main Level



Front of Building Squaresdepicting Additional outside seqting where alcohol will be served

Exhibit B-2

### <u>Leased Premises – Building Layout</u>

### Lower Level

