STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	*2. Name of Corporation*			
128902	SAKONNET LIGHT ENTERPRISES, INC.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
2 WILLIAMS STREET		PROVIDENCE	RI	02903-
4. Business Phone No.	*5. State of Incorporation*			
	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
TO OWN AND OPERATE A RESTAURANT

7. NAMES AND ADDRESSES OF THE OFFICERS ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			*Vice President Name*		
Peter Andromalos			N/A		
Street Address			*Street Address*		
1506 Main Road					
City	*State*	*Zip*	*City*	*State*	*Zip*
Tiverton	RI	02878			
Secretary Name			*Treasurer Name*		
Peter Andromalos			Peter Andromalos		
Street Address			*Street Address*		
Same			Same		
City	*State*	*Zip*	*City*	*State*	*Zip*

8. NAMES AND ADDRESSES OF THE DIRECTORS ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			*Director Name*		
N/A			N/A		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*
Director Name			*Director Name*		
N/A			N/A		
Street Address			*Street Address*		
City	*State*	*Zip*	*City*	*State*	*Zip*

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9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
8,000 $.01 PAR VALUE		

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	common	0.01

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.

[redacted] 128902 [redacted]

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By: By 36079
FOR SECRETARY OF STATE USE ONLY

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.

Signature *Date* 9/4/07

Peter Andromalos
Print or Type Name

[redacted] President
Title

Form 630 12/05