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*
36043	Raphael's Restaurant, Inc.

3. Street Address Principal Business Office	*City*	*State*	*Zip*
1 UNION STATION	PROVIDENCE	RI	02903-

4. Business Phone No.	*5. State of Incorporation*
4014214646	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
RESTAURANT

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

President Name			*Vice President Name*		
Ralph C. Conte, Jr.			None		
Street Address			*Street Address*		
1 Union Square					
City	*State*	*Zip*	*City*	*State*	*Zip*
Providence	RI	02903			
Secretary Name			*Treasurer Name*		
Ralph C. Conte, Jr.			Ralph C. Conte, Jr.		
Street Address			*Street Address*		
1 Union Square			1 Union Square		
City	*State*	*Zip*	*City*	*State*	*Zip*
Providence	RI	02903	Providence	RI	02903

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

Director Name			*Director Name*		
Ralph C. Conte, Jr.					
Street Address			*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 (☐ BOX FOR ATTACHMENT) ☐ **10. SHARES ISSUED (☐ BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
600 NO PAR VALUE			100	Common	No Par

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] 3 6 0 4 3

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By:
FOR SECRETARY OF STATE USE ONLY

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[redacted]

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* 1/24/07

Ralph C. Conte, Jr.
Print or Type Name

[redacted] President
Title

Form 630 12/05