RI SOS Filing Number: 200700561940 Date: 09/12/2007 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the 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* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

*** 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				
15851	CHRISTOPHER-BRIAN RESTAURANT, INC.				
3. Street Address Principal Business Office		City	State	Zip	
614 North Main Street		Woonsocket	RI	02895	
4. Business Phone No.	5. State of Incorporation				
(401) 767-3201	RHODE ISLAND				

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

FULL SERVICE RESTAURANT

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

President Name			Vice President Name		
Brian M. Lahousse			Assistant Secretary Robert L. Simmons		
Street Address			Street Address		
280 Blackstone Street			10 Nate Whipple Highway, PO Box 7366		
City	State	Zip	City	State	Zip
Blackstone	MA	01504	Cumberland	RI	02864
Secretary Name			Treasurer Name		
Brian M. Lahousse			Brian M. Lahousse		
Street Address			Street Address		
280 Blackstone Street			280 Blackstone Street		
City	State	Zip	City	State	Zip
Blackstone	MA	01504	Blackstone	MA	01504

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

Director Name			Director Name		
Brian M. Lahousse					
Street Address			Street Address		
280 Blackstone Street					
City	State	Zip	City	State	Zip
Blackstone	MA	01504			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

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

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			*100*	Common	No Par Val

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.

1/10/07

Signature *Date*

Brian M. Lahousse

Print or Type Name

President

Title

15851

FILED

File Date

SEP 12 2007

Check No.

By 03678 3:41

By:

13460-4-165457

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