

**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. <b>15851</b>		2. Name of Corporation <b>CHRISTOPHER-BRIAN RESTAURANT, INC.</b>	
3. Street Address Principal Business Office <b>614 North Main Street</b>		City <b>Woonsocket</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 767-3201</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
6. Brief Description of the Character of Business Conducted in Rhode Island <b>FULL SERVICE RESTAURANT</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: (" <b>X</b> " BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Brian M. Lahousse</b>		<del>XXXXXXX</del> Assistant Secretary <b>Robert L. Simmons</b>	
Street Address <b>280 Blackstone Street</b>		Street Address <b>10 Nate Whipple Highway, PO Box 7366</b>	
City <b>Blackstone</b>	State <b>MA</b>	Zip <b>01504</b>	City <b>Cumberland</b>
Secretary Name <b>Brian M. Lahousse</b>		Treasurer Name <b>Brian M. Lahousse</b>	
Street Address <b>280 Blackstone Street</b>		Street Address <b>280 Blackstone Street</b>	
City <b>Blackstone</b>	State <b>MA</b>	Zip <b>01504</b>	City <b>Blackstone</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: (" <b>X</b> " BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		8. NAMES AND ADDRESSES OF THE DIRECTORS: (" <b>X</b> " BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS	
Director Name <b>Brian M. Lahousse</b>		Director Name	
Street Address <b>280 Blackstone Street</b>		Street Address	
City <b>Blackstone</b>	State <b>MA</b>	Zip <b>01504</b>	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED (" <b>X</b> " BOX FOR ATTACHMENT) <input type="checkbox"/>		10. SHARES ISSUED (" <b>X</b> " BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES — THIS SECTION <b>MUST</b> BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares
<b>1,000 NO PAR VALUE</b>			<b>*100*</b>
			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.



FILED <sup>e</sup> \*15851\*

File Date \_\_\_\_\_

SEP 12 2007

Check No. \_\_\_\_\_

By <sup>cr</sup> 036678 3:41

By: \_\_\_\_\_

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.

1/10/07

Signature  
Brian M. Lahousse

Print or Type Name  
President

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*Title*