

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

2005

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_

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(e&d)) is subject to a penalty fee of \$25.00

1. Corporate ID No. 47643		2. Name of Corporation ST. CLAIR ANNEX, INC.			
3. Street Address Principal Business Office 141 Bay Street			City Watch Hill	State RI	<i>гір</i> 02891
4. Bustness Phone No. 5. State of Incorporation 401-348-8407 Rhode Island			ion		
6. Brief Description of the Chara restaurant	acter of Bustness Conducto	ed in Rhode Island			
7. NAMES AND ADDRES	SSES OF THE OFFIC	ERS: ("X" BOX FOR A	TTACHMENT) 🗌 FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name George Nicholas			Vice President Name		
Street Address			Irene T. Nicholas  Street Address		
29 South Broad Street			16 Kathleen Drive		
ାନ Pawcatuck	State CT	<sup>Zip</sup> 06379	City Westerly	State RI	<sup>Zip</sup> 02891
Secretary Name Joann Nicholas			Treasurer Name Joann Nicholas		
Street Address 29 South Broad Street			Street Address 29 South Broad Street		
<i>сту</i> Pawcatuck	State CT	<sup>Zip</sup> 06379	сиу Pawcatuck	State CT	<sup>Zip</sup> 06379
	SSES OF THE DIREC	CTORS: ("X" BOX FOR	ATTACHMENT) [ FILL I	N SPACES BEFORE USIN	G ATTACHMENTS **
Director Name George Nicholas			Director Name		
Streat Address			Irene T. Nicholas		
29 South Broad Street			16 Kathleen Drive		
CUT	State	Zip	City	State	Zip
Pawcatuck	[ст	06379	Westerly	RI	02891
Director Name Joann Nicholas			Director Name		
Street Address					and the same of th
29 South Broad Street			Street Address		
City:	State	Zip	City	State	Zip
Pawcatuck	СТ	06379			
9. SHARES AUTHORIZE	D ("X" BOX FOR A	TTACHMENT) [		("X" BOX FOR ATTAC.	
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Cluss/Series	Par Value	Number of Shaves	Class/Series	Par Value
8,000 SHS \$10.00 PAR			200	common	\$10.00 Par Va
T)			orized representative. If the		

File Date	FILED
Check No.	OCI 1 6 2007
Ву:	By 039947 10:19
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare a including any accompanying scheduling	nd affirm that I have examined this report, the and statements, and that all statements
contained herein are true and correc	t.
geo. Vu	Mola 3/1/07
Signature	Date
George Nicholas	
Print or Type Name	
President	

Form 630 Rev. 12/06