



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2006

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. 47643		2. Name of Corporation ST. CLAIR ANNEX, INC.			
3. Street Address Principal Business Office 141 Bay Street			City Watch Hill	State RI	Zip 02891
4. Business Phone No. 401-348-8407		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island restaurant					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name George Nicholas			Vice President Name Irene T. Nicholas		
Street Address 29 South Broad Street			Street Address 16 Kathleen Drive		
City Pawcatuck	State CT	Zip 06379	City Westerly	State RI	Zip 02891
Secretary Name Joann Nicholas			Treasurer Name Joann Nicholas		
Street Address 29 South Broad Street			Street Address 29 South Broad Street		
City Pawcatuck	State CT	Zip 06379	City Pawcatuck	State CT	Zip 06379
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name George Nicholas			Director Name Irene T. Nicholas		
Street Address 29 South Broad Street			Street Address 16 Kathleen Drive		
City Pawcatuck	State CT	Zip 06379	City Westerly	State RI	Zip 02891
Director Name Joann Nicholas			Director Name 		
Street Address 29 South Broad Street			Street Address 		
City Pawcatuck	State CT	Zip 06379	City 	State 	Zip 
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 SHS	\$10.00 PAR		200	common	\$10.00 Par Val
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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.

File Date	<b>FILED</b>
Check No.	OCT 16 2007
By:	By 039547 10:19
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 Geo. Nicholas Date 3/1/07  
George Nicholas  
Print or Type Name  
President  
Title