



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. 98007 | | 2. Name of Corporation BILKEN II, INC. | | |
| 3. Street Address Principal Business Office 75 NIANTIC AVENUE | | | City CRANSTON | State RI |
| 4. Business Phone No. | | 5. State of Incorporation RHODE ISLAND | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND OPERATE A RESTAURANT. | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name WILLIAM A. VENDETTOLI | | Vice President Name SAME | | |
| Street Address P.O. BOX 251 | | Street Address | | |
| City EXETER | State RI | Zip 02822 | City | State |
| Secretary Name SAME | | Treasurer Name SAME | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| Director Name SAME | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series |
| 600 NO PAR VALUE | Common | No Par Value | None | |

RECEIVED
 SECRETARY OF STATE
 2007 OCT 30 PM 2:03

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.



98007

File Date **FILED**

Check No. **OCT 30 2007**

By: **2867**

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.

William A. Vendettoli
Signature

WILLIAM A. VENDETTOLI
Print or Type Name

PRESIDENT
Title