



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

| | | | | | |
|---|--------------|---|--|--------------|---------------------|
| 1. Corporate ID No. 116778 | | 2. Name of Corporation RFB & KMS COMPANY | | | |
| 3. Street Address Principal Business Office 54 Third Street | | | City Barrington | State RI | Zip 02806 |
| 4. Business Phone No. 401-245-4324 | | 5. State of Incorporation Rhode Island | | | 6. SIC Code 3079 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island To eal in restaurabts, taverns, cafes, grills, bars, lounges and other eating and drinking establishments of every kind and description. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Raymond F. Bourassa | | | Vice President Name Raymond F. Bourassa | | |
| Street Address 54 Third Street | | | Street Address 54 Third Street | | |
| City Barrington | State RI | Zip 02806 | City Barrington | State RI | Zip 02806 |
| Secretary Name Raymond F. Bourassa | | | Treasurer Name Raymond F. Bourassa | | |
| Street Address 54 Third Street | | | Street Address 54 Third Street | | |
| City Barrington | State RI | Zip 02806 | City Barrington | State RI | Zip 02806 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Raymond F. Bourassa | | | Director Name none | | |
| Street Address 54 Third Street | | | Street Address | | |
| City Barrington | State RI | Zip 02806 | City | State | Zip |
| Director Name none | | | Director Name none | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 2000 | no par value | | 1,000 | Common | No Par |

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 1 6 7 7 8

FILED

File Date
JAN 23 2008

Check No. _____

By: 2208

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.

Raymond F. Bourassa
Signature of Officer Date
Raymond F. Bourassa
Print or Type Name of Officer
President
Title of Officer