



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 2008

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. 271437		2. Name of Corporation club elements, inc.			
3. Street Address Principal Business Office 101-105 Richmond Street			City Providence	State RI	Zip
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To Operate a Tavern/Bar					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gaetano A. Gravino			Vice President Name Elinton Rosario		
Street Address 24 Red Oak Circle			Street Address 1382 Chalkstone Avenue		
City Warwick	State RI	Zip 02886	City Providence	State RI	Zip 02908
Secretary Name Louis Peters			Treasurer Name Scott A. Slater		
Street Address 2973 Mendon Road			Street Address 74 Sawyer Street		
City Cumberland	State RI	Zip 02864	City Providence	State RI	Zip 02907
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Gaetano A. Gravino			Director Name Elinton Rosario		
Street Address 24 Red Oak Circle			Street Address 1382 Chalkstone Avenue		
City Warwick	State RI	Zip 02886	City Providence	State RI	Zip 02908
Director Name Scott A. Slater			Director Name Louis Peters		
Street Address 74 Sawyer Street			Street Address 2973 Mendon Road		
City Providence	State RI	Zip 02907	City Cumberland	State RI	Zip 02864
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	Par Value
1000	Common No Par		None		
			THIS SECTION MUST BE COMPLETED		

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 FEB 29 2 29 AM 10 58

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

File Date: **FEB 29 2008** 10:58

Check No. **By CMC**

By: **051144**

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: Scott Slater 2/28/08
 Print or Type Name: Treasurer

Title