



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St., 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

* 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. 4675		2. Name of Corporation CONERY CORPORATION		
3. Street Address Principal Business Office 680 RESERVOIR AVENUE		City CRANSTON	State RI	Zip 02910
4. Business Phone No. 4017852530		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island RESTAURANT OR FAST-FOOD RESTAURANT				
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Joshua D. Perrotta		Vice President Name None		
Street Address 680 Reservoir Avenue		Street Address		
City Cranston	State RI	Zip 02910	City	State Zip
Secretary Name Joshua D. Perrotta		Treasurer Name Joshua D. Perrotta		
Street Address same		Street Address same		
City	State	Zip	City	State Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Joshua D. Perrotta		Director Name		
Street Address 680 Reservoir Avenue		Street Address		
City Cranston	State RI	Zip 02910	City	State Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐				
AUTHORIZED SHARES			ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series Par Value
600 NO PAR VALUE			300	common no par

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

FEB 01 2008

4675 DBC 01/18/07 11:24:05 AM

File Date

Check No.

By:

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

Date

Joshua D. Perrotta

Print or Type Name

President

Title

Form 630 12/05