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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.	2. Name of Corporation			
6615	Majolie, Inc.			
3. Street Address Principal Business Office		City	State	Zip
99 Hope Street		Providence	Rhode Island	02906
4. Business Phone No.	5. State of Incorporation			
751-8890	Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island				
Restaurant Business				

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Deborah Norman					
Street Address			Street Address		
99 Hope Street			NONE		
City	State	Zip	City	State	Zip
Providence	Rhode Island	02906			
Secretary Name			Treasurer Name		
Deborah Norman			Deborah Norman		
Street Address			Street Address		
99 Hope Street			99 Hope Street		
City	State	Zip	City	State	Zip
Providence	Rhode Island	02906	Providence	Rhode Island	02906

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
NONE					
Street Address			Street Address		
City	State	Zip	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 — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300	common	no par value	200	COMMON	no par value
			THIS SECTION MUST BE COMPLETED		

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.

[redacted] [redacted]

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 2/01/08 *Date*

Deborah Norman
Print or Type Name

[redacted] President
Title

File Date FILED
Check No. FEB 05 2008
By: 42314
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19883-17-228980

Form 630 Rev. 12/06