



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. 94938		2. Name of Corporation RUFFSTONE TAVERN, INC.			
3. Street Address Principal Business Office 17 METCALF AVENUE			City NORTH PROVIDENCE	State RI	Zip 02911
4. Business Phone No. (401) 353-2970		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO INTRODUCE, ERECT, OPERATE, MANAGE, AND CARRY ON A RESTAURANT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SEAN FEELEY			Vice President Name DIANA FEELEY		
Street Address 63 CARPENTER DRIVE			Street Address 63 CARPENTER DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name DIANA FEELEY			Treasurer Name SEAN FEELEY		
Street Address 63 CARPENTER DRIVE			Street Address 63 CARPENTER DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SEAN FEELEY			Director Name DIANA FEELEY		
Street Address 63 CARPENTER DRIVE			Street Address 63 CARPENTER DRIVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
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
4,000 NO PAR VALUE			200	COMMON	NO PAR
			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.

File Date	FILED
Check No.	FEB 06 2008
By	DS-3445
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: Sean W Feeley Date: 2-3-08
Print or Type Name: SEAN FEELEY
Title: PRESIDENT