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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			
120076	MNGC ENTERPRISES, INC.			
3. Street Address Principal Business Office		City	State	Zip
1645 WARWICK AVENUE, SUITE 223		WARWICK	RI	02889
4. Business Phone No.	5. State of Incorporation			
739-4250	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island

OWN AND OPERATE A RESTAURANT

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

President Name	Street Address	City	State	Zip
MARY N. CANNISTRA	1645 WARWICK AVENUE, SUITE 223	WARWICK	RI	02889

Vice President Name	Street Address	City	State	Zip
NONE				

Secretary Name	Street Address	City	State	Zip
MARY CANNISTRA	1645 WARWICK AVENUE, SUITE 223	WARWICK	RI	02889

Treasurer Name	Street Address	City	State	Zip
PAUL CANNISTRA	1645 WARWICK AVENUE, SUITE 223	WARWICK	RI	02889

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

Director Name	Street Address	City	State	Zip
MARY N. CANNISTRA	1645 WARWICK AVENUE, SUTIE 223	WARWICK	RI	02889

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000	COMMON	NO PAR VALUE

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	NO PAR VALUE
THIS SECTION MUST BE [illegible]		

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.

Mary N. Cannistra 2/15/08
Signature *Date*

MARY N. CANNISTRA
Print or Type Name

[redacted] PRESIDENT
Title

File Date FILED
Check No. FEB 19 2008 SS-3147
By: By
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20890-5-234114

Form 630 Rev. 12/06