



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. 148162		2. Name of Corporation Mike's Pizza of Bristol, Inc.			
3. Street Address Principal Business Office 11 Lichen Lane			City Forestdale	State MA	Zip 02644
4. Business Phone No. 508-360-6787		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island operation of retail and wholesale food beverage & restaurant business and all activities related thereto and any lawful business					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James H. Spevock			Vice President Name Ronald A. Lopes		
Street Address 173 Wolomolopoag Street			Street Address 11 Lichen Lane		
City Sharon	State MA	Zip 02067	City Forestdale	State MA	Zip 02644
Secretary Name James H. Spevock			Treasurer Name Ronald A. Lopes		
Street Address 173 Wolomolopoag Street			Street Address 11 Lichen Lane		
City Sharon	State MA	Zip 02067	City Forestdale	State MA	Zip 02644
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
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) <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
300		no par value	100 - no par value	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.

FILED
FEB 27 2008
By 3512
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 [Signature] Date 2/25/08
James H. Spevock
Print or Type Name
President
Title