



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. 138341		2. Name of Corporation Crystal Lake Tavern, Inc.			
3. Street Address Principal Business Office 10 Bronco Highway/P.O. Box 548 401 567 4500			City Harrisville	State RI	Zip 02838
7. Business Proxy No.		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island To engage in the business of operating a food and beverage service					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Cindy S. Bliss			Vice President Name Kevin A. Bliss		
Street Address 10 Bronco Highway			Street Address 10 Bronco Highway		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Kevin A. Bliss			Treasurer Name Cindy S. Bliss		
Street Address 10 Bronco Highway			Street Address 10 Bronco Highway		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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"/> AUTHORIZED SHARES					
Number of Shares 8,000			Class/Series No par value		
Par Value			Par Value		
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 1,000			Class/Series		
Par Value			Par Value		

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

File Date: FEB 29 2008
By: 3733
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: Cindy S. Bliss Date: 2/25/08
Print or Type Name: Cindy S. Bliss
Title: President