RI SOS Filing Number: 200809766390 Date: 03/14/2008 4:00 PM

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St., 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

** 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			
109601	Coastal View, Inc.			
3. Street Address Principal Business Office		City	State	Zip
198 THAMES STREET		BRISTOL	RI	02809-
4. Business Phone No.	5. State of Incorporation			
4012532012	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
FOR THE SERVICES OF MEALS AND ALCOHOLIC BEVERAGES.

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

President Name			Vice President Name		
MICHAEL J. FERREIRA			MICHAEL J. FERREIRA		
Street Address			Street Address		
47 VIKING DRIVE			47 VIKING DRIVE		
City	State	Zip	City	State	Zip
BRISTOL	RI	02809	BRISTOL	RI	02809
Secretary Name			**Treasurer Name**		
MICHAEL J. FERREIRA			MICHAEL J. FERREIRA		
Street Address			Street Address		
47 VIKING DRIVE			47 VIKING DRIVE		
City	State	Zip	City	State	Zip
BRISTOL	RI	02809	BRISTOL	RI	02809

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

Director Name			Director Name		
MICHAEL J. FERREIRA					
Street Address			Street Address		
47 VIKING DRIVE					
City	State	Zip	City	State	Zip
BRISTOL	RI	02809			
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		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 NO PAR VALUE			500	COMMON	NO PAR

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] 1 0 9 6 0 1 [redacted]

109601 DBC 03/13/07 11:19:33 AM
File Date FILED
Check No. MAR 14 2008
By: By 5001
FOR SECRETARY OF STATE USE ONLY

21536-25-246875

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.

Michael J. Ferreira
Signature *Date*

MICHAEL J. FERREIRA
Print or Type Name

[redacted] PRESIDENT
Title

Form 630 12/05