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

Matthew A. Brown, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
106131	RyanChristopher, Inc.

3. Street Address Principal Business Office	City	State	Zip
548 RESERVIOR AVENUE	CRANSTON	RI	02910

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401)490-2299	RHODE ISLAND	3081

7. Brief Description of the Character of Business Conducted in Rhode Island
OWNERSHIP AND OPERATION OF A DONUT SHOP.

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

	President Name	Street Address	City	State	Zip
	Alfred T. Razza, Jr.	64 Briar Hill Drive	Cranston	RI	02921
	Vice President Name	Street Address	City	State	Zip
	Christopher J. Razza	64 Briar Hill Drive	Cranston	RI	02921
	Secretary Name	Street Address	City	State	Zip
	Alfred T. Razza, Jr.	64 Briar Hill Drive	Cranston	RI	02921
	Treasurer Name	Street Address	City	State	Zip
	Alfred T. Razza, Jr.	64 Briar Hill Drive	Cranston	RI	02921

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

	Director Name	Street Address	City	State	Zip
	None				
	Director Name	Street Address	City	State	Zip
	None				
	Director Name	Street Address	City	State	Zip
	None				
	Director Name	Street Address	City	State	Zip
	None				

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	COMM	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
50	Common	No Par Val.

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] *106131*

106131 DBC 03/14/2008 09:02 AM
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By:
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21541-14-246915

[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.

Alfred T. Razza Jr. 3/6/08
Signature of Officer *Date*

Alfred T. Razza, Jr.
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01