



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. 95470 | | 2. Name of Corporation ENDZONE PUB+Grille, INC. of NARRAGANSETT | | | |
| 3. Street Address Principal Business Office 107 Old Rose Hill RD | | | City South Kingstown | State RI | Zip 02882 |
| 4. Business Phone No. (401) 783-0160 | | 5. State of Incorporation RI | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island PUB+Grille Restaurant | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Thomas V. Melillo Jr. | | | Vice President Name None | | |
| Street Address 107 Old Rose Hill RD | | | Street Address | | |
| City South Kingstown | State RI | Zip 02879 | City | State | Zip |
| Secretary Name Thomas V. Melillo Jr. | | | Treasurer Name Thomas V. Melillo Jr. | | |
| Street Address 107 Old Rose Hill RD | | | Street Address 107 Old Rose Hill RD | | |
| City South Kingstown | State RI | Zip 02879 | City South Kingstown | State RI | Zip 02879 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Thomas V. Melillo Jr. | | | Director Name | | |
| Street Address 107 Old Rose Hill RD | | | Street Address | | |
| City South Kingstown | State RI | Zip 02879 | 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 |
| 600 | Common | No par | 200 | Common | None |

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.

| | |
|---------------------------------|--------------|
| File Date | FILED |
| Check No. | MAR 28 2008 |
| By | DS 2584 |
| 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: Thomas V. Melillo Jr. Date: 3/27/08
Print or Type Name: Thomas V. Melillo Jr.
Title: President