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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(c), 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
90891	Sunrise Bagel Co.

3. Street Address Principal Business Office	City	State	Zip
180 Social St	Woonsocket	RI	02895

4. Business Phone No	5. State of Incorporation
401-762-3323	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
TO OWN AND OPERATE A RESTAURANT

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

President Name	Vice President Name
J. Nicole Lukasiewicz	Gregory V. Lukasiewicz
Street Address: 203 Summer ST	Street Address: 203 Summer St
City: Woonsocket / State: RI / Zip: 02895	City: Woonsocket / State: RI / Zip: 02895
Secretary Name: Gregory V. Lukasiewicz	Treasurer Name: J. Nicole Lukasiewicz
Street Address: 203 Summer St	Street Address: 203 Summer St
City: Woonsocket / State: RI / Zip: 02895	City: Woonsocket / State: RI / Zip: 02895

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

Director Name	Director Name
Gregory V. Lukasiewicz	J. Nicole Lukasiewicz
Street Address: 203 Summer ST	Street Address: 203 Summer ST
City: Woonsocket / State: RI / Zip: 02895	City: Woonsocket / State: RI / Zip: 02895
Director Name: Adam G. Lukasiewicz	Director Name:
Street Address: 203 Summer ST	Street Address:
City: Woonsocket / State: RI / Zip: 02895	City: / State: / Zip:

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

AUTHORIZED SHARES			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
8,000	$.o1 PAR VALUE		-0-		

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] [redacted]

File Date: FILED
Check No.
MAR 28 2008
By: By DS 12575
FOR SECRETARY OF STATE USE ONLY

[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.

Nicole Lukasiewicz 3/26/08
Signature Date

J. Nicole Lukasiewicz
Print or Type Name

President
Title

Form 630 Rev. 12/06

21631-13-250551