

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. 157017	2. Name of Corporation FAST TIMES, INC.				
3. Street Address Principal Business Office 18 DEARBORN STREET			City NEWPORT	State R.I.	Zip 02840
		5. State of Incorporate RHODE ISLA			
6. Brief Description of the Characte BAR AND GRILL	er of Business Conducted in	Rhode Island			
7. NAMES AND ADDRESS	ES OF THE OFFICERS	: ("X" BOX FOR A	ATTACHMENT) [] FILL IN:	SPACES BEFORE USING A	ATTACHMENTS
President Name RAYMOND HEROUX			Vice President Name AARON MILAM		
Street Address 18 DEARBORN STREET			Street Address 18 DEARBORN STREET		
City NEWPORT	State R.I.	Zip 0 284 0	NEWPORT	State R.I.	^{Zip} 02840
Secretary Name RAYMOND HEROUX			Treasurer Name AARON MILAM		
Street Address 18 DEARBORN STREET			Street Address 18 DEARBORN STREET		
City NEWPORT	State R.I.	^{Zip} 0284 0	City NEWPORT	State R.I.	^{Zip} 0284 0
8. NAMES AND ADDRESSI Director Name	es of the directo	RS: ("X" BOX FOR	ATTACHMENT) FILL IN Director Name	N SPACES BEFORE USING	ATTACHMENTS
Street Address			Street Address		
Сиу	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) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [] ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares Class/Series Par Value			Number of Shares	Class/Series	Par Value
1,000 \$0.01 PAR VALUE			600	COMMON	
			orized representative. If the c	orporation is in the hands	of a receiver or trustee,
this report must be executed	d on behalf of the corp	oration by the recei	iver or trustee.		
			Under penalty of n	eripry I declare and affirm th	at I have examined this report
		 1	including any acco	ompanying schedules and state	ements, and that all statements
FIL	-ED		contained herein a	true and correct.	2 25-67
File Date			Signature /	~/	3-28-08
MAR 3 1 2008			Signature / Date		
By 1483			Print or Type Name		
Ву:			Prisident		
FOR SECRETARY OF S	TATE USE ONLY		Title	14///	