



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. 126673		2. Name of Corporation P&M Enterprises of Providence, Inc.			
3. Street Address Principal Business Office 124 Providence Place			City Providence	State RI	Zip 02903
4. Business Phone No. 401 383 9341		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To operate a restaurant franchise					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Pamela Foley			Vice President Name None		
Street Address 47 Beaver Dam Road			Street Address		
City North Easton	State MA	Zip 02356	City	State	Zip
Secretary Name Pamela Foley			Treasurer Name Pamela Foley		
Street Address 47 Beaver Dam Road			Street Address 47 Beaver Dam Road		
City North Easton	State MA	Zip 02356	City North Easton	State MA	Zip 02356
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Pamela Foley			Director Name None		
Street Address 47 Beaver Dam Road			Street Address		
City North Easton	State MA	Zip 02356	City	State	Zip
Director Name None			Director Name None		
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
8,000	\$.01 PAR VALUE		100	Common	\$.01
THIS SECTION MUST BE COMPLETED					

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 31 2008**
By:
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
Pamela Foley
Print or Type Name
President
Title