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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(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.	2. Name of Corporation		
[redacted] 131322	[redacted] INIVAS INC.		
3. Street Address Principal Business Office	City	State	Zip
42 Cherry Street	Woonsocket	RI	02895
4. Business Phone No.	5. State of Incorporation		
401-769-3330	RI		

6. Brief Description of the Character of Business Conducted in Rhode Island
THE OPERATION OF A RESTAURANT

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

President Name	Vice President Name
ROGER A. Sarini	MICHELINE Y. Sarini
Street Address: 233 Knollridge Drive	Street Address: 233 Knollridge Drive
City: N. Smithfield / State: RI / Zip: 02896	City: N. Smithfield / State: RI / Zip: 02896
Secretary Name: Jill A. Maylan	Treasurer Name: Gina M. Sarini
Street Address: 40 Old Louisquisset Pike #403	Street Address: 233 Knollridge Drive
City: N. Smithfield / State: RI / Zip: 02896	City: N. Smithfield / State: RI / Zip: 02896

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

Director Name	Director Name
Street Address	Street Address
City / 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

Number of Shares	Class/Series	Par Value
200	NO PAR VALUE	

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	Common	WITHOUT PAR VALUE

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]

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.

Jill A Maylan — 3/28/08
Signature — *Date*

Jill A. Maylan
Print or Type Name

[redacted] SECRETARY
Title

File Date FILED
Check No. APR 16 2008
By: By 3084 & 3096

21672-35-250475
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06