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			
5937	FIDAS RESTAURANT, INC.			
3. Street Address Principal Business Office		City	State	Zip
270 VALLEY STREET		PROVIDENCE	RI	02909
4. Business Phone No.	5. State of Incorporation			
4013519369	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
A RESTAURANT BUSINESS

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

President Name			Vice President Name		
ARTHUR FIDAS			SUSAN FIDAS		
Street Address			Street Address		
270 VALLEY STREET			270 VALLEY STREET		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02909	PROVIDENCE	RI	02909
Secretary Name			Treasurer Name		
ARTHUR FIDAS			ARTHUR FIDAS		
Street Address			Street Address		
270 VALLEY STREET			270 VALLEY STREET		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02909	PROVIDENCE	RI	02909

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

Director Name			Director Name		
ARTHUR FIDAS					
Street Address			Street Address		
270 VALLEY STREET					
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02909			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
1,000	COMMON	NOPAR VALUE	100	COMMON	NO 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] [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.

Signature *Date*

ARTHUR FIDAS
Print or Type Name

[redacted]
PRESIDENT
Title

File Date FILED
Check No. APR 24 2008
By: By 7431 & 7444
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06