

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

L. Corporate ID No. 73641	UNIOÑ AÑ	ject to a penalty fee of \$25.00.  Name of Corporation  NION AVE PUB, INC.				
3. Street Address Principal Business Office 306 Union Avenue			City: Prov.	State RI	<sup>Zip</sup> 02909	
4 Business Phone No.         5. State of Incorpore           944-0450         RHODE ISLA			ution			
<ol><li>Brief Description of the to Pub, Restaurant an</li></ol>	Character of Business Conducted Character of Business.	ted in Rhode Island				
7. NAMES AND ADD President Name	RESSES OF THE OFFI	CERS: ("X" BOX FOR	ATTACHMENT)   FILL IN	SPACES BEFORE USING	ATTACHMENTS	
Lisa Russo			Lisa Russo			
Street Address 113B Turnesa Green			Street Address 113B Turnesa Green			
City No. Prov.	State RI	<sup>Ζip</sup> <b>02</b> 904	Gity No. Prov.	State RI	Zip 02904	
Secretary Name Lisa Russo			Treasurer Name Gregory T. Russo			
Street Address 113B Turnesa Green			Street Address 113B Turnesa Green			
No. Prov.	State RI	<sup>Zip</sup> 02904	City No. Prov.	State RI	7.tp 02904	
8. NAMES AND ADD  Director Name  NONE.	RESSES OF THE DIRE	CTORS; (*X" BOX FO	R ATTACHMENT)   FILL IN Director Name	SPACES BEFORE USING	G ATTACHMENTS	
Street Address			Street Address			
City	State	Zip	City	State	8 2 2	
Director Name			Director Name			
Street Address			Street Address			
Ciţr	State	Хір	City	State	<b>19</b> 20 20 20 20 20 20 20 20 20 20 20 20 20	
9. SHARES AUTHORI AUTHORIZED SHARES	ZED ("X" BOX FOR A	(TTACHMENT)	The state of the s	 ("X" BOX FOR ATTACH TION MUST BE COMPLETED	alder) of the	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
500 COMMON NO PAR			100	COMMON	NO PAR	
<del></del> -					10 10 10 10 10 10 10 10 10 10 10 10 10 1	
This report must be ex	secuted on behalf of the	corporation by an auth	norized representative. If the co	orporation is in the hands	of a receiver or trustee,	

File Date	FILED	
Chuck No.	CT 1 4 200	
<sub>ву:</sub> Ву	HD.	70456
FOR SEC	RETARY OF STATE L	SE ONLY

Under penalty of perjury, I declare and	affirm that I have examined the	his report,
including any accompanying schedules		
contained herein are true and correct.		1 0-
Jam 1. Clark	20/14/	05
Signature []	Date	
Gregory T. Russo	···	_
Print or Type Name		
President		
Title		