2. Exact Name of the Limited Liability Company <u>ALKOST LLC</u> 3. State of Formation State: <u>CT</u> 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island RESTAURANT 5. Principal Office Address No. and Street: <u>1175 MAIN STREET, P.O.BOX 312</u> City or Town: <u>WYOMING</u> State: <u>RI</u> zip: <u>02898</u> Country: <u>USA</u> 5. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>KIMON DAFOULAS</u> Contact Title: <u>MEMBER</u> No. and Street: <u>1175 MAIN STREET, P.O.BOX 312</u>						
14% W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040         iming Period: September 1 - November 1         November 1 - November 1         Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040         Iming Period: September 1 - November 1         Providence with R1G L. 7-16-66(d). each limited liability company failing or refusing to te its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 1-6-66(b2d)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2008         1. ID No. 000117728         2. Exact Name of the Limited Liability Company ALKOST LLC         3. State of Formation         State: CT         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         RESTAURANT         State: CT         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         RESTAURANT         State: CT         A state of State: RI Zip: 02898 Country: USA	RALPHMO	St			ntations	Fee: \$50.0
Telephone: (401) 222-3040         Initial Liability Company Minual Report         Imp Period: September 1 - November 1         accordance with R.I.G.L. 7-16-66(0.4), each limited liability company failing or refusing to lei sanual report within thirty (30) days after the time prescribed by law (R.I.G.L. -16-66(b8c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2008         1. ID No.       000117728         2. Exact Name of the Limited Liability Company ALKOST LLC         3. State of Formation         State: CT         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         RESTAURANT         5. Principal Office Address         No. and Street:       1175 MAIN STREET, P.O.BOX 312 City or Town:       Yp: 02898       Country: USA         8. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       KIMON DAFOULAS Contact Title:       MEMBER         8. Mailing Address of Limited Liability Company and Name or Title of Contact Person:       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       Do NOT LIST MEMBERS         Title       Individual Name       Address.         First, Middle, Last, Suffix       Address.       City or Town, State, Zip Code, Country         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER		UN DE LE	148 W. River S	treet		
Image Period: September 1 - November 1         accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to let its annual report with mithing (20) days after the time prescribed by law (R.I.G.L. -16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2008         1. ID No.       000117728         2. Exact Name of the Limited Liability Company ALKOST LLC         3. State of Formation         State: CT         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         RESTAURANT         5. Principal Office Address         No. and Street:       1175 MAIN STREET, P.O.BOX 312         City or Town:       WYOMING         S. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       KIMON DAFOULAS Contact Title:         No. and Street:       1175 MAIN STREET, P.O.BOX 312         City or Town:       WYOMING         State: RI       Zip: 02898       Country: USA         5. Mailing Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS         Title       Individual Name       Address.         First, Middle, Last, Suffix       Address.         Atdress Require Filing of Form 642 - R.I.G.L. 7-16-11       CONSTANTINOS H. DAFOULAS 1175 MAIN STREET P.O. BOX 312 WYOMING , RI 02898	ecretary of	E.C.				
Illing Period. September 1 - November 1         Paccordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to le its annual report within thirty (30) days after the time prescribed by law (R.I.G.L16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2008         1. ID No.       000117728         2. Exact Name of the Limited Liability Company ALKOST LLC         3. State of Formation         State: CT         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         RESTAURANT         5. Principal Office Address         No. and Street:       1175 MAIN STREET, P.O.BOX 312         City or Town:       WYOMING         State: RI       zip: 02898       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:       Contact Name: KIMON DAFOULAS Contact Title: MEMBER         No. and Street:       1175 MAIN STREET, P.O.BOX 312       City or Town: WYOMING         State: RI       zip: 02898       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS         Title       Individual Name       Address         Pirst, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			any			
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1. ID No. 000117728         2. Exact Name of the Limited Liability Company ALKOST LLC         3. State of Formation         State: QT         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         RESTAURANT         5. Principal Office Address         No. and Street:       1175 MAIN STREET, P.O.BOX 312         City or Town:       WYOMING         5. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       KIMON DAFOULAS Contact Title:         Mailing Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name First, Middle, Last, Suffix         Address, City or Town, State, Zip Code, Country         B. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11         CONSTANTINOS H. DAFOULAS 1175 MAIN STREET P.O. BOX 312 WYOMING , RI 02898-	ïle its annual repo	ort within thi	rty (30) days after the time prescrib			
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3. State of Formation         State: CI         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         RESTAURANT         5. Principal Office Address         No. and Street:       1175 MAIN STREET, P.O.BOX 312         City or Town:       WYOMING         State: RI       zip: 02898         Country: USA         8. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       KIMON DAFOULAS Contact Title:         Main Street:       1175 MAIN STREET, P.O.BOX 312         City or Town:       WYOMING         State: RI       zip: 02898         Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Title       Individual Name         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         B. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER       Address, City or Town, State, Zip Code, Country         B. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER       Changes Require Filing of Form 642 - R.I.G.L. 7-16-11         CONSTANTINOS H. DAFOULAS 1175 MAIN STREET P.O. BOX 312 WYOMING , RI 02898-	1. ID No. <u>00</u>	0117728				
State: GT         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         RESTAURANT         5. Principal Office Address         No. and Street:       1175 MAIN STREET, P.O.BOX 312         City or Town:       WYOMING         State: RI       Zip: 02898         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       KIMON DAFOULAS Contact Title: MEMBER         No. and Street:       1175 MAIN STREET, P.O.BOX 312         City or Town:       WYOMING         State: RI       Zip: 02898         Country: USA         Contact Name:       KIMON DAFOULAS Contact Title: MEMBER         No. and Street:       1175 MAIN STREET, P.O.BOX 312         City or Town:       WYOMING       State: RI         Name and Address of Each Manager of the Limited Liability Company, if Applicable.         DO NOT LIST MEMBERS         Address, City or Town, State, Zip Code, Country         B. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER         Changes Require Filing of Form 642 - R.I.G.L. 7-16-11         CONSTANTINOS H. DAFOULAS 1175 MAIN STREET P.O. BOX 312 WYOMING , RI 02898-	2. Exact Name	of the Lim	ited Liability Company <u>ALKOS</u>	<u>r LLC</u>		
A. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island     RESTAURANT     State: RI Zip: 02898 Country: USA     State: RI Zip: 02898 Country: USA     State: RI Zip: 02898 Country: USA     Address of Limited Liability Company and Name or Title of Contact Person:     Contact Name: KIMON DAFOULAS Contact Title: MEMBER     No. and Street: 1175 MAIN STREET, P.O.BOX 312     City or Town: WYOMING State: RI Zip: 02898 Country: USA     Address of Each Manager of the Limited Liability Company, if Applicable.     DO NOT LIST MEMBERS     Title Individual Name     First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country     B. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER     Changes Require Filing of Form 642 - R.I.G.L. 7-16-11     CONSTANTINOS H. DAFOULAS 1175 MAIN STREET P.O. BOX 312 WYOMING , RI 02898-	3. State of Fori	mation				
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RESTAURANT         5. Principal Office Address         No. and Street:       1175 MAIN STREET, P.O.BOX 312         City or Town:       WYOMING       State: RI       Zip: 02898       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       KIMON DAFOULAS Contact Title:       MEMBER         No. and Street:       1175 MAIN STREET, P.O.BOX 312         City or Town:       WYOMING       State: RI       Zip: 02898       Country: USA         Contact Name:       KIMON DAFOULAS Contact Title:       MEMBER         No. and Street:       1175 MAIN STREET, P.O.BOX 312       Country: USA         City or Town:       WYOMING       State: RI       Zip: 02898       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Do NOT LIST MEMBERS         Title       Individual Name       Address       Address, City or Town, State, Zip Code, Country         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER       Changes Require Filling of Form 642 - R.I.G.L. 7-16-11       CONSTANTINOS H. DAFOULAS 1175 MAIN STREET P.O. BOX 312 WYOMING , RI 02898-						
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City or Town:       WYOMING       State: RI       Zip: 02898       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       KIMON DAFOULAS Contact Title:       MEMBER         No. and Street:       1175 MAIN STREET, P.O.BOX 312         City or Town:       WYOMING       State: RI       Zip: 02898       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Country: USA         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER       Address, City or Town, State, Zip Code, Country         CONSTANTINOS H. DAFOULAS 1175 MAIN STREET P.O. BOX 312 WYOMING , RI 02898-	5. Principal Offi	ce Addres	6			
City or Town:       WYOMING       State: RI       Zip: 02898       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       KIMON DAFOULAS Contact Title:       MEMBER         No. and Street:       1175 MAIN STREET, P.O.BOX 312         City or Town:       WYOMING       State: RI       Zip: 02898       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Country: USA         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER       Address, City or Town, State, Zip Code, Country         CONSTANTINOS H. DAFOULAS 1175 MAIN STREET P.O. BOX 312 WYOMING , RI 02898-	No. and Street:	1175 M	AIN STREET, P.O.BOX 312			
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City or Town:       WYOMING       State: RI       Zip: 02898       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11         CONSTANTINOS H. DAFOULAS 1175 MAIN STREET P.O. BOX 312 WYOMING , RI 02898-	Contact Name:	KIMON DA	FOULAS Contact Title: MEMBER			
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B. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 <u>CONSTANTINOS H. DAFOULAS 1175 MAIN STREET P.O. BOX 312 WYOMING</u> , <u>RI 02898-</u>	Title		Individual Name		Address	
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 CONSTANTINOS H. DAFOULAS 1175 MAIN STREET P.O. BOX 312 WYOMING , RI 02898-			First, Middle, Last, Suffix	Address, City or	Town, State, Z	ip Code, Country
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Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 CONSTANTINOS H. DAFOULAS 1175 MAIN STREET P.O. BOX 312 WYOMING , RI 02898-						
) This report must be executed by an authorized person pursuant to $P + C + -7.46.66$ (b)	CONSTANTIN	OS H. DAF	DULAS <u>1175 MAIN STREET P.O. B</u>	<u>OX 312 WYOMIN</u>	<u>NG</u> , <u>RI 0289</u>	<u> 8-</u>
	0 This report -	ust bo ove	cuted by an authorized person n	urguant to BIC	1 7-16 66	(b)

## Signed this 29 Day of October, 2008 at 1:27:33 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

## By <u>KIMON DAFOULAS</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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