

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 2009

401.222.30

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(ccdd)) is

subject to a penalty fee of \$25.00.		, , , , , , , , , , , , , , , , , , ,	7, (0.4)	aya ayaa aa a	- (10.1.0.D. / 1.2 1.301(c.0.a)/ 13
1. Corporate ID No. 43604	2. Name of Cor Andrew's a	poration at Eastgate, Ltd.			
3. Street Address Principal Business Office 49 Benjamin Drive			City Portsmouth	State RI	<i>Σι</i> ρ 02871
4. Business Phone No. 5. State of Incorporation Rhode Island					
6. Brief Description of the Characte Operation of a restaurant.	er of Business Condu	cted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Andrew J. Gold			CHMENT) THE IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  Andrew J. Gold		
Street Address 49 Benjamin Drive			Street Address 49 Benjamin Drive		
City Portsmouth	State RI	<sup>ℤ</sup> ₽ 02871	City Portsmouth	State RI	<sup>Z/p</sup> 02871
Secretary Name Andrew J. Gold			Treasurer Name Andrew J. Gold		
Street Address 49 Benjamin Drive			Street Address 49 Benjamin Drive		
City Portsmouth	State RI	<sup>Zip</sup> 02871	City Portsmouth	State RI	<i>Σφ</i> <b>02871</b>
8. NAMES AND ADDRESSE Director Name Not Applicable.	S OF THE DIRI	CTORS: ("X" BOX FOR ATT	ACHMENT)   FILL II Director Name	n spaces before usin	G ATTACHMENTS
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				   <i>("X" BOX FOR ATTAC</i>     CTION <u>MUST</u> BE COMPLETED	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100	Common	No Par Value
		ne corporation by an authorize e corporation by the receiver of		corporation is in the hand	s of a receiver or trustee,

	Under penalty of perjury, I declare and affirm that I have examined this report,
	including any accompanying schedules and statements, and that all statements
File Date/~/2~09	contained herein are true and correct.
Check No. 17323	Signature Scald Dave
b. mmci	Print or Type Name .
FOR SECRETARY OF STATE USE ONLY	Tile