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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 2009

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			
64108	F & O Enterprises, Inc.			
3. Street Address Principal Business Office		City	State	Zip
23 CANAL STREET		WESTERLY	RI	02891
4. Business Phone No.	5. State of Incorporation			
401-596-9299	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Restaurant

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

President Name			Vice President Name		
David M. Ferraro			Paul G. Ottaviani		
Street Address			Street Address		
30 Old Depot Road			Woodville Alton Road		
City	State	Zip	City	State	Zip
Hope Valley	RI	02832	Wood River Jnct	RI	02894
Secretary Name			Treasurer Name		
Paul G. Ottaviani			David M. Ferraro		
Street Address			Street Address		
Woodville Alton Road			30 Old Depot Road		
City	State	Zip	City	State	Zip
Wood River Jnct	RI	02894	Hope Valley	RI	02832

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

Director Name			Director Name		
David M. Ferraro			Paul G. Ottaviani		
Street Address			Street Address		
30 Old Depot Road			Woodville Alton Road		
City	State	Zip	City	State	Zip
Hope Valley	RI	02832	Wood River Jnct	RI	02894
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,200	None	NPV
THIS SECTION MUST BE		

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]

FILED
File Date JAN 13 2009
Check No. 10053
By:
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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* 1/10/09

David Ferraro
Print or Type Name

Pres.
Title

[redacted]

Form 630 Rev. 08/08