

A. Ralph Mollis, Secretary of State

Corporations Division 148 W. River Street

Providence, RI 02904-2615 401,222,3040

2009

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(cc/d)) is

1. Corporate ID No. 487158		2. Name of Corporation Antonio's Family Restaurant				
3. Street Address Principal Business Office 435 Washington St.			^{City} Coventry	State RI	<i>Ζψ</i> 02816	
. Business Phone No. (401) 263-1380		5. State of Incorporation Rhode Island		, , , , , , , , , , , , , , , , , , ,		
6. Brief Description of the CE Pizza Place/Family R	testaurant					
'. NAMES AND ADDR	RESSES OF THE OFF	ICERS: ("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Antonio Rebelo			Helena Rebelo			
Street Address 74 Catalpa Ave.			Street Address 74 Catalpa Ave.			
ाए Rverside	State RI	02915	Riverside	State RI	^{Ζiρ} 02915	
Secretary Name Antonio Rebelo			Treasurer Name Helena Rebelo			
Street Address 74 Catalpa Ave.			Street Address 74 Catalpa Ave.			
ார் Riverside	State Ri	^{Zip} 02915	City Riverside	State RI	^{Zip} 02915	
8. NAMES AND ADDE	RESSES OF THE DIR	ECTORS: ("X" BOX FOR ATT	ACHMENT) 🔲 FILL IN	SPACES BEFORE USIN	G ATTACHMENTS	
Director Name Antonio Rebelo			Director Name Helena Rebelo			
Street Address			Street Address			
74 Catalpa Ave.			74 Catalpa Ave.			
City	State	Zip	City	State	ZΨ	
Riverside	RI	02915	Riverside	RI	02915	
Director Name	***************************************		Director Name			
Street Address			Street Address			
City·	State	Zip	City	State	Zip	
9. SHARES AUTHORI	ZED	I		("X" BOX FOR ATTAC	_	
				Class/Series	Par Value	
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			
			1,00	Common	No Par Value	
This report must be ex	xecuted on behalf of the	the corporation by an authorizence corporation by the receiver	ed representative. If the contrustee.	corporation is in the hand	s of a receiver or trus	
ms report must be ex	ceated on benan of th	ic corporation by the receiver	C. Lindiver			

File Date	14409
Check No.	1004
Ву:	mne
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affi	rm that I have examined this report
including any accompanying schedules an	d statements, and that all statement
contained herein are true and correct.	
ALCONIND BELD	1-8-05

TICIONI Weise	1-8-0
Signature	Date

Antonio Rebelo

Print or Type Name

President