



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.<br><u>36074</u>  |       | 2. Name of Corporation<br><u>TOTIS INC.</u> |   |                               |                            |
| 3. Street Address Principal Business Office<br><u>2 CALLAHAN SCHOOL ST</u>   |       |   | City<br><u>HARRISVILLE</u>  | State<br><u>R.I.</u>          | Zip<br><u>02830</u>        |
| 4. Business Phone No.<br><u>568-7126</u>   |       | 5. State of Incorporation<br><u>RI</u>      |   |                               |                            |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><u>BAR + CAFE</u>   |       |   |   |                               |                            |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |       |   |   |                               |                            |
| President Name<br><u>DORA WATERMAN</u>   |       |   | Vice President Name<br><u>SAM E</u>                                 |                               |                            |
| Street Address<br><u>2 CALLAHAN SCHOOL ST</u>  |       |   | Street Address<br><u>HARRISVILLE RI</u>                             |                               |                            |
| City   | State | Zip   | City  | State                         | Zip                        |
|  |       |   |   |                               | <u>02830</u>               |
| Secretary Name   |       |   | Treasurer Name  |                               |                            |
| Street Address   |       |   | Street Address  |                               |                            |
| City   | State | Zip   | City  | State                         | Zip                        |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |       |   |   |                               |                            |
| Director Name<br><u>SAM E</u>  |       |   | Director Name<br><u>SAM E</u>                                       |                               |                            |
| 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   |       |   | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                               |                            |
| 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. |       |   | ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED               |                               |                            |
|  |       |   | Number of Shares<br><u>600</u>                                      | Class/Series<br><u>COMMON</u> | Par Value<br><u>NO PAR</u> |
|  |       |   |   |                               |                            |

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.

|                                 |                |
|---------------------------------|----------------|
| File Date                       | <u>1-14-09</u> |
| Check No.                       | <u>397692</u>  |
| By:                             | <u>mnc</u>     |
| FOR SECRETARY OF STATE USE ONLY |                |

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.

Dora Waterman  
Signature Date 1-12-09  
DORA WATERMAN  
Print or Type Name  
PRES  
Title