RI SOS Filing Number: 200940464210 Date: 01/15/2009 4:00 PM

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
11657	EAT OR OUT, INC.

3. Street Address Principal Business Office	City	State	Zip
575 South Water Street	Providence	RI	02903

4. Business Phone No.	5. State of Incorporation
(401) 861-9007	Rhode Island

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

Operation of a restaurant

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

President Name	Vice President Name
Thomas H. Bates	Joshua Miller
Street Address: 575 South Water Street	Street Address: 575 South Water Street
City: Providence, State: RI, Zip: 02903	City: Providence, State: RI, Zip: 02903
Secretary Name: Joshua Miller	Treasurer Name: Thomas H. Bates
Street Address: 575 South Water Street	Street Address: 575 South Water Street
City: Providence, State: RI, Zip: 02903	City: Providence, State: RI, Zip: 02903

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

Director Name	Director Name
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

2,000 NO 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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	Common	NO

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 15 2009

Check No. By 1194

By: _____

FOR SECRETARY OF STATE USE ONLY

30287-30-291236

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.

Thomas H. Bates — 1-12-9

Signature *Date*

Thomas H. Bates
Print or Type Name

[redacted] President
Title

Form 630 Rev. 08/08