



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><b>70589</b>  |                    | 2. Name of Corporation<br><b>CAROUSEL SPORTS LOUNGE, INC.</b> |   |                               |                                  |
| 3. Street Address Principal Business Office<br><b>507 Armistice Boulevard</b>  |                    |   | City<br><b>Pawtucket</b>  | State<br><b>RI</b>            | Zip<br><b>02861</b>              |
| 4. Business Phone No.<br><b>(401) 729-0235</b>   |                    | 5. State of Incorporation<br><b>Rhode Island</b>              |   |                               |                                  |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><b>The operation, management of restaurant, cafe, lounge or tavern.</b>     |                    |   |   |                               |                                  |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |                    |   |   |                               |                                  |
| President Name<br><b>Madeleine M. Furtado</b>  |                    |   | Vice President Name<br><b>Dennis S. Furtado</b>                     |                               |                                  |
| Street Address<br><b>507 Armistice Boulevard</b>   |                    |   | Street Address<br><b>507 Armistice Boulevard</b>                    |                               |                                  |
| City<br><b>Pawtucket</b>   | State<br><b>RI</b> | Zip<br><b>02861</b>   | City<br><b>Pawtucket</b>  | State<br><b>RI</b>            | Zip<br><b>02861</b>              |
| Secretary Name<br><b>Madeleine M. Furtado</b>  |                    |   | Treasurer Name<br><b>Dennis S. Furtado</b>                          |                               |                                  |
| Street Address<br><b>Same</b>  |                    |   | Street Address<br><b>Same</b>                                       |                               |                                  |
| City<br><b>Pawtucket</b>   | State<br><b>RI</b> | Zip<br><b>02861</b>   | City<br><b>Pawtucket</b>  | State<br><b>RI</b>            | Zip<br><b>02861</b>              |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |                    |   |   |                               |                                  |
| Director Name<br><b>Madeleine M. Furtado</b>   |                    |   | Director Name<br><b>Dennis S. Furtado</b>                           |                               |                                  |
| Street Address<br><b>507 Armistice Boulevard</b>   |                    |   | Street Address<br><b>507 Armistice Boulevard</b>                    |                               |                                  |
| City<br><b>Pawtucket</b>   | State<br><b>RI</b> | Zip<br><b>02861</b>   | City<br><b>Pawtucket</b>  | State<br><b>RI</b>            | Zip<br><b>02861</b>              |
| 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><b>1,000</b>                                    | Class/Series<br><b>Common</b> | Par Value<br><b>No Par Value</b> |
|  |                    |   |   |                               |                                  |

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 <b>FILED</b>          |
| Check No. <b>JAN 16 2009</b>    |
| By: <b>By 2072</b>              |
| 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.

**Madeleine M. Furtado** 1-2-09  
Signature Date  
**Madeleine M. Furtado**  
Print or Type Name  
**President**  
Title