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			
40452	TWEET'S FAMILY RESTAURANT, INC.			
3. Street Address Principal Business Office		City	State	Zip
180 Mt. Hope Avenue		Bristol	RI	02809
4. Business Phone No.	5. State of Incorporation			
(401) 253-9811	Rhode Island			

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

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

President Name			Vice President Name		
Mildred Balzano			John A. Balzano		
Street Address			Street Address		
60 DeWolf Avenue			205 Metacom Avenue		
City	State	Zip	City	State	Zip
Bristol	RI	02809	Bristol	RI	02809
Secretary Name			Treasurer Name		
Mildred Balzano			Mildred Balzano		
Street Address			Street Address		
60 DeWolf Avenue			60 DeWolf Avenue		
City	State	Zip	City	State	Zip
Bristol	RI	02809	Bristol	RI	02809

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

Director Name			Director Name		
Mildred Balzano			None		
Street Address			Street Address		
60 DeWolf Avenue					
City	State	Zip	City	State	Zip
Bristol	RI	02809			
Director Name			Director Name		
John A. Balzano			None		
Street Address			Street Address		
205 Metacom Avenue					
City	State	Zip	City	State	Zip
Bristol	RI	02809			

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

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
100 NO PAR VALUE			100	COMMON	NO PAR

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]

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* 2/16/09

Mildred Balzano
Print or Type Name

[redacted] President
Title

File Date FILED
Check No. FEB 17 2009
By: By 14865
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Form 630 Rev. 12/06