

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).

subject to a penalty fee of \$25.00.		ung or rejusing to jue us unni	uu report waann anrity (50) aays agiei	the time prescribed by taw (K.)	.G.L. /-1.2-1501(coa)) is
1. Corporate ID No.	2. Name of Corporation Meadowbrook lar	nes Inc.		- W -	
3. Street Address Principal Business Office 2530 WARWICK AVENUE			City Warwick	State R,I	<sup>Zip</sup> 02889
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					<u>.</u>
6. Brief Description of the Character of Bowling Alley					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name John J. PATERRA 11			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  John J. Paterra 11		
Street Address 104 Bretton Woods Drive			Street Address 104 Bretton Woods Drive		
City Cranston	State RI	<sup>Zip</sup> 02920	City Cranston	State RI	<sup>Zip</sup> 02920
Secretary Name John J. Paterra 11			Treasurer Name John J. Paterra 11		
Street Address 104 Bretton Woods Drive			Street Address 104 Bretton Woods Drive		
City Cranston	State RI	<sup>Zip</sup> 02920	City Cranston	State RI	<sup>Zip</sup> 02920
8: NAMES AND ADDRESSES Of Director Name N/A	OF THE DIRECTORS	· ("X" BOX FOR ATT	CHMRNT) PILL IN SPA Director Name	CES BEFORE USING AT	TACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Ζίρ	City	State	Zip
9. SHARES AUTHORIZED		<b>美術/教育</b>	10. SHARES ISSUED (*X* ISSUED SHARES — THIS SECTION		M2) (
State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100	Common	no par vaiue
			THIS SECTIO	M MOSter Agua	
This report must be executed of this report must be executed of	on behalf of the corpor n behalf of the corpor	oration by an authorized ration by the receiver o	d representative. If the corpor r trustee.	ration is in the hands of a	receiver or trustee,

1600mm200mm20000000000000000000000000000	
File Date	
Check No.	
By 105. 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	南州
TO SECULIA O STATE USE ON DA	有量的

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 MATERAN Print or Type Name