



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
108 W. River Street
Providence, RI 02901-2615
(401) 222-3000

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 11286		2. Name of Corporation TOWN HALL LANES, INC.			
3. Street Address Principal Business Office 1463 Atwood Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. 401-831-6940		5. State of Incorporation Rhode Island			
Brief Description of the Character of Business Conducted in Rhode Island Operating a bowling establishment and related ancillary facilities					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Frank G. Ferri			Vice President Name Anthony M. Caparco		
Street Address 38 Lippitt Avenue			Street Address 38 Lippitt Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Phyllis R. Santilli			Treasurer Name Denise L. Ferri		
Street Address 6 Hamilton Drive			Street Address 2426 Cranston Street		
City Johnston	State RI	Zip 02919	City Cranston	State RI	Zip 02920
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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☒		
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 MUST BE COMPLETED		
			Number of Shares	Class Series	Par Value
			500	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.

FILED
File Date **FEB 17 2009**
Check No. _____
By **27107**
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.

Signature

Date

Frank G. Ferri

Print or Type Name

President

Title