

A. Ralph Mollis, Secretary of State

Corporations $\hat{D}icus \epsilon m$ 148 W. River Street Providence, RI 02904-2615

401.222.3010

2009

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 line (R.I.G.L. 7-1.2-1501 ed.d) is

subject to a penalty fee of \$25.00.

г сафате ID No - 17233	2 Name of Corporation LAGO, INC.				
Street Address Principal Business Office 1279 POST ROAD			WARWICK	State RI	Zιp 02888
1273 FOST ROAD 3 Bitsoness Pront No. 401–781–3377 State of Incorporation RHODE ISLAN					
GENERAL BUSINESS	, FOOD SALE	'm Rhode Island S			
7. NAMES AND ADDRESSES Oresident Name	OF THE OFFICE	CRS: ("X" BOX FOR ATTA	CHMENT) TELL IN Vice President Name	SPACES BEFORE USING	ATTACHMENTS
ANTHONY CHIARITO			: ANTHONY CHIARITO : Street soldiness		
Street Address 1279 POST ROAD			Mreet Address		
CH	State R I	zφ 02888	City	State	Zip
WARWICK Secretary Name]KI		Treasurer Name		
NICHOLAS PAOLO			NICHOLAS PAO	<u>L0</u>	
Stree Address 34 GIBSON AVENUE			Street Address	•	
Cuy	State	Zip	Gitti	State	Zīp
NARRAGANSETT		RI	: 02882	N CDACEC BEECHE LICENA	C ATTACHMENTS
8. NAMES AND ADDRESSES Invector Name	OF THE DIRECT	IORS: ("A" BOX FOR ALL	Director Name	N SPACES BEFORE CSIN	g ATTACHMENTS
ANTHONY CHIARITO					
Stree: Address			Street Address		
City	State	Zip	Cuy	State	Ziţi
Director Name	.J	J	Director Name		
Street Address			Street Address		
Citi	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class/Sories	Pur Vatue
			100	COMMON	NO PAR
This report must be executed	i on behalf of the	corporation by an authorize	ed representative. If the	corporation is in the hand	s of a receiver or true
this report must be executed	on benair or the	corporation by the receiver	of frustee.		
				perjury, I declare and affirm	
				companying schedules and size are true upth correct.	atements, and that all st
File Date FIFD			1 1 4	Puarto	2/15/09

	Under penalty of perjury, I declare and affirm that I have examined this report.
	including any accompanying schedules and statements, and that all state nexts
File Date	complined berein are true will conece (115/09)
	Signature Date
Check NoFEB 1 8 2009	ANTHONY CHIARITO
By By 23921	Print or Type Name
FOR SECRETARY OF STATE USE ONLY	PRESIDENT
FOR SECRETARY OF STATE USE ONLY	Title