



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(c), 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. 127359 | | 2. Name of Corporation HARRY'S NEW YORK SYSTEM, INC. | | | |
| 3. Street Address (Principal Business Office) 2168 ELMWOOD AVENUE | | | City WARWICK | State RI | Zip 02888 |
| 4. Business Phone No. 401-785-0712 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Description of the Character of Business Conducted in Rhode Island TRANSACTIONING THE BUSINESS OF A RESTAURANT | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name KATHERINE KAZIANIS | | | Vice President Name KATHERINE KAZIANIS | | |
| Street Address 12 WOODSTOCK LANE | | | Street Address 12 WOODSTOCK LANE | | |
| City CRANSTON | State RI | Zip 02920 | City CRANSTON | State RI | Zip 02920 |
| Secretary Name STEPHANY STERPIS | | | Treasurer Name KATHERINE KAZIANIS | | |
| Street Address 12 WOODSTOCK LANE | | | Street Address 12 WOODSTOCK LANE | | |
| City CRANSTON | State RI | Zip 02920 | City CRANSTON | State RI | Zip 02920 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name KATHERINE KAZIANIS | | | Director Name | | |
| Street Address 12 WOODSTOCK LANE | | | Street Address | | |
| City CRANSTON | State RI | Zip 02920 | 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) <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 100 | Class/Series COMMON | Par Value NO PAR VALUE |

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.

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|---------------------------------|--|
| FILED | |
| Date FEB 24 2009 | |
| Check No. By 1196 | |
| 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: Katherine Kazianis Date: Feb 20/09
KATHERINE KAZIANIS
Print or Type Name
PRESIDENT
Title