

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

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 1. Corporate ID No. 2. Name of Corporation 131505 O'Rourke's Bar & Grille, Inc. 3. Street Address Principal Business Office ⊢_{*cπ*ν} Warwick 23 Peck Lane State RΙ 02888 4. Business Phone No. 5. State of Incorporation 401-499-7063 Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island To own and manage a restaurant and bar 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Michael O'Rourke Lane Devoe Street Address Street Address 192 Parkside Drive 4770 Bucida Road State Cit State Warwick RI 02888 Boynton Beach FL 33436 Secretary Name Treasurer Name Michael O'Rourke Michael O'Rourke Street Address Street Address 192 Parkside Drive 192 Parkside Drive State City Warwick State RΙ 02888 Warwick RI 02888 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Michael O'rourke Street Address Street Address 192 Parkside Drive State ZipCity State Zib Warwick RI 02888 Director Name Director Name Street Address Street Address State Ζip City State Zip9. 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 Number of Shares Class/Series Par Value State. Changes require an additional filing. See Section 9 of 500 instruction sheet. Common 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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File Date	2-23-09
Check No.	4793
Ву:	mne
I	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and including any accompanying schedules contained herein are true and correct.	<i>f</i>
Signature Michael OlD-unive	2 -18-09 Date
Michael O'Rourke Print or Type Name	
President Title	