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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(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 subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
124464	Chatermike Restaurant Corp.		
3. Street Address Principal Business Office	City	State	Zip
466 Tiogue Avenue	Coventry	RI	02816
4. Business Phone No.	5. State of Incorporation		
401-831-3000	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
To Operate a Banquet Facility, Restaurant Facility, Catering & Take-Out

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Charles Cunha, III			Teresa Cunha		
Street Address			Street Address		
466 Tiogue Avenue			466 Tiogue Avenue		
City	State	Zip	City	State	Zip
Coventry	RI	02816	Coventry	RI	02816
Secretary Name			Treasurer Name		
Teresa Cunha			Charles Cunha, III		
Street Address			Street Address		
Same as above			Same as Above		
City	State	Zip	City	State	Zip

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
100 NO PAR VALUE

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100 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.

[redacted] [redacted]

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.

Charles Cunha III
Signature *Date*

CHARLES CUNHA, III
Print or Type Name

[redacted] PRESIDENT
Title

File Date	2-24-09
Check No.	5840
By:	MMC

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31383-29-351162

Form 630 Rev. 08/08