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
35556	Alley Katz, Inc.

3. Street Address Principal Business Office	City	State	Zip
116 Granite Street	Westerly	RI	02891

4. Business Phone No.	5. State of Incorporation
(401) 596-7474	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Bowling Alley, Snack Bar and Lounge

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

President Name	Vice President Name
DAVID WOOD FOSS	DAVID WOOD FOSS
Street Address: 16 BRADFORD AVE	Street Address: 16 BRADFORD AVE
City: NEWPORT, State: RI, Zip: 02840	City: NEWPORT, State: RI, Zip: 02840
Secretary Name: DAVID WOOD FOSS	Treasurer Name: DAVID WOOD FOSS
Street Address: 16 BRADFORD AVE	Street Address: 16 BRADFORD AVE
City: NEWPORT, State: RI, Zip: 02840	City: NEWPORT, State: RI, Zip: 02840

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

Director Name	Director Name
NONE	
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

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	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.

[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.

Signature *Date* 2/24/09

DAVID F. FOX
Print or Type Name

[redacted] ASSISTANT SECRETARY
Title

File Date FILED
Check No. FEB 25 2009
By: By 2068

FOR SECRETARY OF STATE USE ONLY

RE: Alley Katz, Inc./#35556

ATTACHMENT TO
SECTION 7. - Names & Addresses of Officers

Assistant Secretary - David F. Fox, Esq.
LAW OFFICES OF DAVID F. FOX
Middletown Commons
850 Aquidneck Avenue B-11
Middletown, RI 02842

FILED
FEB 25 2009
By 35556