

A. Ralpb 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 401.222.30
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 fre of \$25.00.

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1. Corporate ID No. 63145	2. Name of Corporation D.J.R.'s RESTAURANT, INC				
3. Street Address Principal Business Office 55 WICKHAM ROAD			NÖRTH KINGSTOWN	State RI	<i>zip</i> 02852
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character Restaurant and Related Se	of Business Conducted in R IVICES	hode Island			
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) T FILL IN SPACE	ES REFORE LISING	ATTACHMENTS
rresident vame			Vice President Name		THE REPORT NAMED IN THE
John R. Rotondi			NONE		
Street Address 55 Wickham Road			Street Address		
North Kingstown	State RI	^{Zip} 02852	City	State	Ζip
Secretary Name Susan L. Rotondi			Treasurer Name John R. Rotondi		
Street Address 55 Wickham Road			Street Address 55 Wickham Road		
North Kingstown	State RI	^{Ziμ} 02852	City North Kingstown	State RI	^{Ζψ} 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATX Director Name John R. Rotondi			ACHMENT) TELL IN SPACES BEFORE USING ATTACHMENTS Director Name NONE		
Street Address 55 Wickham Road			Street Address		
City North Kingstown	State RI	<i>Zip</i> 02852	Сиу	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zψ	City	State	Zψ
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			Number of Shares	Class/Series	Par Value
State. Changes require an additional filing. See Section 9 of instruction sheet.			2000	Common	No Par Value
			100	Common	No Par Value
This report must be executed this report must be executed of	on behalf of the corpo on behalf of the corpo	oration by an authorize	d representative. If the corporator trustee.	ation is in the hand	s of a receiver or trustee.
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			Under penalty of perjury,	I declare and affirm	that I have examined this repo
			including any accompany	ring schedules and sta	itements, and that all statemen
File Date FILE	D		contained herein are true and correct. Signature Signature		
Check NoFEB 2 5 2	000				Date
1 LD & J &			Susan L. Rotondi		
FOR SECRETARY OF STATE USE ONLY			Print or Type Name Secretary		
The state of the s	200 04101		Title		Form 630 Rev 08/08