



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. 136771		2. Name of Corporation BOROWSKI'S CAFE, INC.		
3. Street Address Principal Business Office 1626 Main Street		City West Warwick	State RI	Zip 02893
4. Business Phone No. (401)828-6553		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island OPERATION OF CAFE/RESTAURANT SERVING ALCOHOLIC BEVERAGES AND FOOD				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Wieslawa Drozdowski		Vice President Name Wieslawa Drozdowski		
Street Address 1995 Division Road		Street Address 1995 Division Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI
Secretary Name Wieslawa Drozdowski		Treasurer Name Wieslawa Drozdowski		
Street Address 1995 Division Road		Street Address 1995 Division Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Wieslawa Drozdowski		Director Name		
Street Address 1995 Division Road		Street Address		
City East Greenwich	State RI	Zip 02818	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000	Common	No Par Value	100	Common

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.

File Date 2-26-09
Check No. 9364
By: MNC
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 Wieslawa Drozdowski Date 2/24/09
Print or Type Name
President
Title