



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.<br>161876                                                                                                                              |             | 2. Name of Corporation<br>Cedars, Inc.    |                                                                     |              |              |
| 3. Street Address Principal Business Office<br>47 Nelson Street                                                                                            |             |                                           | City<br>Providence                                                  | State<br>RI  | Zip<br>02908 |
| 4. Business Phone No.<br>(401) 751-0751                                                                                                                    |             | 5. State of Incorporation<br>Rhode Island |                                                                     |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Bar and restaurant                                                          |             |                                           |                                                                     |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                           |                                                                     |              |              |
| President Name<br>John A. Hanni                                                                                                                            |             |                                           | Vice President Name<br>John A. Hanni                                |              |              |
| Street Address<br>47 Nelson Street                                                                                                                         |             |                                           | Street Address<br>47 Nelson Street                                  |              |              |
| City<br>Providence                                                                                                                                         | State<br>RI | Zip<br>02908                              | City<br>Providence                                                  | State<br>RI  | Zip<br>02908 |
| Secretary Name<br>John A. Hanni                                                                                                                            |             |                                           | Treasurer Name<br>John A. Hanni                                     |              |              |
| Street Address<br>47 Nelson Street                                                                                                                         |             |                                           | Street Address<br>47 Nelson Street                                  |              |              |
| City<br>Providence                                                                                                                                         | State<br>RI | Zip<br>02908                              | City<br>Providence                                                  | State<br>RI  | Zip<br>02908 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                           |                                                                     |              |              |
| Director Name<br>None                                                                                                                                      |             |                                           | 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                                                                                                                                       |             |                                           | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |              |
| 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. |             |                                           | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |              |              |
|                                                                                                                                                            |             |                                           | Number of Shares                                                    | Class/Series | Par Value    |
|                                                                                                                                                            |             |                                           | 100 shares                                                          | 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.

|                                 |             |
|---------------------------------|-------------|
| <b>FILED</b>                    |             |
| File Date                       | FEB 27 2009 |
| Check No.                       | By 2538     |
| 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: John A. Hanni Date: 2-25-09  
Print or Type Name: John A. Hanni  
Title: President