

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(e¢rd)) is subject to a penalty fee of \$25.00.

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Corporate ID No. 63922	2. Name of Corporation OCEAN BREEZE CAFE, INC.				
3. Street Address Principal Business Office 580 Thames Street			City Newport	State RI	Ζφ 02840
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character of The operation of a restauran					
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT)   FILL IN SPACE	CES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Jose F. Batista			Christine Melucci		
Struct Address			Street Addrers		
580 Thames Street			580 Thames Street		
CHy	State	Zip	Chy	State	Zip
Newport	RI	02840	Newport	RI	02840
Secretary Name Jose F. Batista			Treasurer Name Christine Melucci		
Street Address 580 Thames Street			Street Address 580 Thames Street		
City:	State	Zip	City	State	Zip
Newport	RI <sub>_</sub>	02840	Newport	RI	02840
8. NAMES AND ADDRESSES	OF THE DIRECTORS	("X" BOX FOR ATT.	ACHMENT) 🔲 FILL IN SP.	ACES BEFORE USIN	G ATTACHMENTS
Director Name			Director Name		
Jose F. Batista			Christine Melucci		
Street Adubess			Street Address		
Same as above			Same as above		
City	State	Zip	CHy	State	Zip
			:		
Director Name		<i>}</i>	Director Name		
			•		
Street Address			Street Address		
			:		
City	State	Zip	Сиу	State	Zip
9. SHARES AUTHORIZED		1.	: 10. SHARES ISSUED ("X	E <sup>R</sup> ROX FOR ATTAC	HMENT) []
y, ominaid activoments		: 5	I ISSUED SHARES — THIS SECTIO		· · · · · · · · · · · · · · · · · · ·
			Number of Shares	Class/Series	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.			Number of Spares	CRESS/38/165	7 av same
			200	Common	No par
			<u> </u>		
This report must be executed of	on behalf of the come	oration by an authorized	d representative. If the corpo	oration is in the hand	s of a receiver or trustee
this report must be executed o				otation is in the name.	s or a receiver or trustee,
The second of th	or me corpo				

File Date	FILED
Check No.	AR 0 2 2009
By:	IK 0 2 2009
By_	EOR SUCHETARY OF STATE USE ONLY

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Under penalty of perjury, I declare and affirm the including any accompanying schedules and state contained herein are true and correct.  **Australe** **Publication**	
Signature	Date
Christine Melucci	
Print or Type Name	
Vice president	
Title	