

FOR SECRETARY OF STATE USE ONLY

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).) is

| 1. Corporate ID No. 111188 | | 2. Name of Corporation Scramblers III, Inc. | | | | |
|--|-----------------------|---|---|---|---|--|
| 3. Street Address Principal Business Office 564 Main Street | | | City East Greenwich | State RI | <i>Σφ</i> 02818 | |
| 4. Business Phone No. 885-5885 | | 5. State of Incorporation Rhode Island | | | | |
| 5. Brief Description of the Char Restaurant | | | | | | |
| r. NAMES AND ADDRE | SSES OF THE OFFI | CERS: ("X" BOX FOR ATT | ACHMENT) TILL IN S Vice President Name Kenneth DeMarco | PACES BEFORE USING | ATTACHMENTS | |
| Street Address 564 Main Street | | | Street Address 564 Main Street | | | |
| City East Greenwich | State RI | ^{24p} 02818 | East Greenwich | State RI | ^{Zip} 02818 | |
| Secretary Name Richard Seddon | | | Treasurer Name Richard Seddon | | | |
| Street Address Same | | | Street Address Same | | | |
| City: | State | Zψ | City | State | Zip | |
| 8. NAMES AND ADDRE Director Name | SSES OF THE DIRE | CTORS: ("X" BOX FOR A | TTACHMENT) THLL IN Director Name | SPACES BEFORE USI | NG ATTACHMENTS | |
| Street Address | | | Street Address | | | |
| City | State | Zip | Сиу | State | ZΨ | |
| Director Name | | h | Director Name | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| 9. SHARES AUTHORIZ | ED | | | ("X" BOX FOR ATTA CITION MUST BE COMPLETE | | |
| This information is currently of record in the Office of the Secretary of | | | V | Class/Series | Par Value | |
| State. Changes require an additional filing. See Section 9 of | | | None | | | |
| instruction sheet. | | | | | | |
| This report must be executive this report must be executive for the second seco | ruted on behalf of th | he corporation by an authorice corporation by the receive | er or trustee. Under penalty of including any age contained herein a | perjury, I declare and affir | n that I have examined this statements, and that all stat | |
| Pile Date | | | Signature | una Koa. | Date | |
| Check No. MAR 0 2 2 | 2// | | Richard Sec | | | |
| By By | 00 | · | Print or Type Nam | e. | | |

President