

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. 7-1.2-150).

subject to a penalty fee of \$25.00.	SSI(S), CELLO COMPONENCION J.	tiong or rejusing to jut us and	uuu report witnin tnirty (30) aays after	me time prescribed by the	(K.1.G.L. /-1.2-1301(coa)) is
1. Corporate II) No. 59055	2. Name of Corporation DAVID BARNES DEVELOPMENT, INC.				
3. Street Address Principal Business Office 456 MAIN STREET			City WAKEFIELD	State RI	<sup>Zip</sup> 02879
4. Business Phone No. 5. State of Incorporation RHODE 1		ISLAND			
6. Brief Description of the Character of OPERATE A TAV!	ERVAND REST	AURANT			
President Name DAVID E. BARNI		("X" BOX FOR ATTA	CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  DANIEL RUBINO		
Street Address 456 MAIN STREET			Street Address 456 MAIN STREET		
WAKEFIELD	State RI	<sup>Zip</sup> 02879	Cuy WAKEFIELD	State RI	<sup>Zip</sup> 02879
Secretary Name		***************************************	Treasurer Name		•••••
Street Address			Street Address		
City	State	Zip	City	State	Ζίp
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) [ FILL IN SPAI Director Name	CES BEFORE USING	ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Ζip	Cuy	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X"   ISSUED SHARES — THIS SECTION		MENT)
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 Shares	Class/Series	Par Value
			2000	N/A	<b>NO</b>
			7547 48CT (0)	THE SECOND SECTION SEC	****
This report must be executed of this report must be executed of	on behalf of the corpo	oration by an authorized ration by the receiver of	d representative. If the corpora or trustee.	ation is in the hands	of a receiver or trustee,

	FILED
File Date	
Check No.	MAR 0 2 2009
By By	<u> </u>
· · ·	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm including any accompanying schedules and contained herein are true and coffeet.	n that I have examined this report, statements, and that all statements
Signature DANIEL RUBINO	Date Date
Print or Type Name VICE PRESIDENT	
Title	