

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

| subject to a penalty fee of \$25.00.   |   |  |   | I S                                     | ,                         |
|--|---|--|---|---|---------------------------|
| 1. Corporate ID No.<br>133083  | 2. Name of Corporation SNOOPY'S DINER, INC. |  |   |   |                           |
| 3. Street Address Principal Business Office<br>4001 Quaker Lane  |   |  | City:<br>North Kingstown  | State<br>RI                             | 2tp<br>02852              |
| 4. Business Phone No. 5. State of Incorporat. 401-295-1533 Rhode Island  |   | 5. State of Incorporation Rhode Island |   |   |                           |
| 6. Brief Description of the Character of engaging in the business of   | buying, selling, and լ                      | processing all types of                | <del>-</del>  | · ·                                     |                           |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA- President Name Pauline Y. Bacon   |   |  | CHMENT) THE IN SPACES BEFORE USING ATTACHMENTS  Vice President Name |   |                           |
| Street Address 39 Potowomut Road   |   |  | Street Address  |   |                           |
| City<br>Warwick  | State<br>RI                                 | <sup>Ζίρ</sup><br>02818                | City  | State                                   | Zip                       |
| Secretary Name Pauline Y. Bacon  |   |  | Treasurer Name<br>Pauline Y. Bacon                                  |   |                           |
| Street Address 39 Potowomut Road   |   |  | Street Address 39 Potowomut Road                                    |   |                           |
| City .<br>Warwick  | State<br>RI                                 | <sup>Ζip</sup><br>02818                | <i>сц</i> у<br>Warwick  | Stale<br>RI                             | <sup>2φ</sup><br>02818    |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATA<br>Director Name   |   |  | ACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS.                 |   |                           |
| Street Address   |   |  | Street Address  |   |                           |
| City   | State                                       | Zip                                    | City  | State                                   | <b>Ø</b>                  |
| Director Name  | *********************                       | ·····                                  | Director Name   |   | <b>1</b> 830              |
| Street Address   |   |  | Street Address  |   | <u> </u>                  |
| City   | State                                       | Zip                                    | City  | State                                   | Z/p                       |
| 9. SHARES AUTHORIZED   |   |  | 10. SHARES ISSUED (*)   | 000000000000000000000000000000000000000 |                           |
| 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                 |
|  |   |  | 500   | Common                                  | none                      |
|  |   |  | 795. SECTI  |   | 10.23                     |
| This report must be executed of this report must be executed or  |   |  |   | oration is in the hands                 | of a receiver or trustee, |

Title

| <u> </u>                    |  |
|-----------------------------|--|
|                             |  |
|                             |  |
| File Date                   |  |
|                             |  |
| Check No. MAR 0 6 2000      |  |
| By: 2931                    |  |
| By / ///20                  |  |
| FOR SECRETARS AND AUSTRALIA |  |

| 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.   |       |  |  |  |  |
| Vaclowy y  | Caron |  |  |  |  |
| Signature  | Date  |  |  |  |  |
| PAULINE Y. BACON   |       |  |  |  |  |
| Print or Type Name   |       |  |  |  |  |
| President  |       |  |  |  |  |