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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.	2. Name of Corporation			
57635	Block Island Sales Corporation			
3. Street Address Principal Business Office		City	State	Zip
PO Box 76		Block Island	RI	02807
4. Business Phone No.	5. State of Incorporation			
401-466-2747	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
General restaurant and nightclub business

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Kristen Kiley			R. Michael Kiley		
Street Address			Street Address		
363 Cedar Avenue			PO Box 76		
City	State	Zip	City	State	Zip
East Greenwich	RI	02818	Block Island	RI	02807
Secretary Name			Treasurer Name		
Melissa A. Kiley			Allison K. Nasin		
Street Address			Street Address		
490 LexingtonStreet			239 Prospect Hill Road		
City	State	Zip	City	State	Zip
Waltham	MA	02452	Noank	CT	06340

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
NONE			NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
NONE			NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	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.

[redacted] [redacted]

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.

Kristen A. Kiley 3/3/09
Signature *Date*

Kristen A. Kiley
Print or Type Name

[redacted] President
Title

FILED
File Date MAR 05 2009
Check No.
By: By 1061
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31511-30-355393

Form 630 Rev. 08/08