



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. 102379		2. Name of Corporation THE PINES, INC			
3. Street Address Principal Business Office POUND HILL ROAD		City SLATERSVILLE	State RI	Zip 02876	
4. Business Phone No. 401-762-9773		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO PREPARE AND SERVE FOOD AND BEVERAGES, INCLUDING ALCOHOLIC BEVERAGES AS A PUBLIC RESTAURANT AND BANQUET FACILITY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DENNIS J. PELOQUIN		Vice President Name WILLIAM PELOQUIN			
Street Address 15 FOLLET STREET		Street Address 6 EATON STREET			
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
Secretary Name MARGARETTE DAVIS		Treasurer Name PAM CINIERI			
Street Address 72 MECHANIC STREET		Street Address 15 FILION DRIVE			
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DENNIS J. PELOQUIN		Director Name WILLIAM PELOQUIN			
Street Address 15 FOLLET STREET		Street Address 6 EATON STREET			
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
Director Name MARGARETTE DAVIS		Director Name PAM CINIERI			
Street Address 72 MECHANIC STREET		Street Address 15 FILION DRIVE			
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares		Class/Series		Par Value	
1000				NO PAR VALUE	
100		COMMON		NO PAR	

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.

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.

File Date	FILED
Check No.	MAR 06 2009
By:	55-46
FOR SECRETARY OF STATE USE ONLY	

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.

Signature

Print or Type Name

Title

Date