



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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 13520		2. Name of Corporation SPRING RESTAURANT INC			
3. Street Address Principal Business Office 118-120 MAIN RD			City TIVERTON	State RI	Zip 02878
4. Business Phone No. 401-6242621		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOAO RODRIGUES			Vice President Name LIDIA RODRIGUES		
Street Address 239 BUTLER ST			Street Address 239 BUTLER ST		
City FALL RIVER	State MA	Zip 02771	City FALL RIVER	State MA	Zip 02724
Secretary Name CARMINDA SOUSA			Treasurer Name JOAO RODRIGUES		
Street Address 89 BRADLEY ST			Street Address 239 BUTLER ST		
City SEEKONK	State MA	Zip 02771	City FALL RIVER	State MA	Zip 02724
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 800	Class/Series PV	Par Value NPV

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	3-16-09
Check No.	6711
By:	<i>mnc</i>
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.

X *Joao Rodrigues* 3-11-09
Signature Date

Print or Type Name

Title