



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River St., 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

\* 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. 109600 2. Name of Corporation Thames Street Enterprises, Inc.  
3. Street Address Principal Business Office City State Zip  
198 THAMES STREET EAST BRISTOL RI 02809-  
4. Business Phone No. 4012532012 5. State of Incorporation RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island  
TO ENGAGE IN THE ACTIVITY OF OWNING REAL ESTATE AND OPERATING A RESTAURANT IN THE SERVICE OF MEALS AND BEVERAGES

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

|                                                                                                                  |                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| President Name<br>MICHAEL J. FERREIRA<br>Street Address<br>47 VIKING DRIVE<br>City State Zip<br>BRISTOL RI 02809 | Vice President Name<br>MICHAEL J. FERREIRA<br>Street Address<br>47 VIKING DRIVE<br>City State Zip<br>BRISTOL RI 02809 |
| Secretary Name<br>MICHAEL J. FERREIRA<br>Street Address<br>47 VIKING DRIVE<br>City State Zip<br>BRISTOL RI 02809 | Treasurer Name<br>MICHAEL J. FERREIRA<br>Street Address<br>47 VIKING DRIVE<br>City State Zip<br>BRISTOL RI 02809      |

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

|                                                                                                                 |                                                                   |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Director Name<br>MICHAEL J. FERREIRA<br>Street Address<br>47 VIKING DRIVE<br>City State Zip<br>BRISTOL RI 02809 | Director Name<br><br>Street Address<br><br>City State Zip<br><br> |
| Director Name<br><br>Street Address<br><br>City State Zip<br><br>                                               | Director Name<br><br>Street Address<br><br>City State Zip<br><br> |

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

|                                                                                    |                                                                               |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| AUTHORIZED SHARES<br>Number of Shares Class/Series Par Value<br>1,000 NO PAR VALUE | ISSUED SHARES<br>Number of Shares Class/Series Par Value<br>500 COMMON NO PAR |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|

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.



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\*109600 DBC 03/13/07 11:24:00 AM\*  
File Date 3-16-09  
Check No. 303  
By: MJC  
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 Michael J. Ferreira Date 3/12/09  
MICHAEL J. FERREIRA  
Print or Type Name  
PRESIDENT  
Title