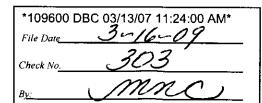


A. Ralph Mollis, Secretary of State Corporations Division 148 W. River St., Providence, RI 02904-2615 401.222.3040

## 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 1. Corporate ID No. 109600	2. Name of Corpo		in thirty (30) days after the time prescribed	d by law (R.I.G.L., 7-1.2-1501(c&d)) i	subject to a penalty fee of \$25.00.
3. Street Address Principal Busi			City	State	7in
198 THAMES STREET			BRISTOL	RI	<i>Zip</i> : 02809-
4. Business Phone No.		5. State of Incorporatio	i in concentration .		02009-
4012532012		RHODE ISLAND			;
6. Brief Description of the Char	acter of Business Cor	ducted in Rhode Island			
TO ENGAGE IN THE AC	TIVITY OF OWN	ING REAL ESTATE AN	D OPERATING A RESTAU	JRANT IN THE SERV	ICE OF MEALS AND
BEVERAGES 7. NAMES AND ADDRES President Name	SES OF THE OF	ICERS ("X" BOX FOR AT	TACHMENT)   FILL IN SP Vice President Name	ACES BEFORE USING A	ITACHMENTS
MICHAEL J. FERREI	RA		MICHAEL J. FERE	REIRA	
Street Address			Street Address		
47 VIKING DRIVE			47 VIKING DRIVE		
City	State	Zip	City	State	Zip
BRISTOL	RI	02809	BRISTOL	RI	02809
Secretary Name			Treasurer Name	• • • • • • • • • • • • • • • • • • •	* * * * * * * * * * * * * * * * * * *
MICHAEL J. FERREII	RA		MICHAEL J. FERR	EIRA	
Street Address			Street Address	The second secon	
47 VIKING DRIVE			47 VIKING DRIVE	}	
City	State	Zip	City	State	Zip
BRISTOL	RI	.02809	BRISTOL	RI	02809
8. NAMES AND ADDRES Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT)   FILL IN : Director Name	SPACES BEFORE USING	ATTACHMENTS
MICHAEL J. FERREI	R.A.		•		
Street Address 47 VIKING DRIVE			Street Address		
<i>City</i> BRISTOL	State RI	<i>Zip</i> 02809	City	State	Zip
Director Name	K1		Director Name	e en	
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZE	D ("X" BOX FOR A	ттаснмело П	10. SHARES ISSUED ("X"	BOX FOR ATTACHMEN	
AUTHORIZED SHARES	eren er Neile gest i gerennbasbesetbessaarsten.		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			500	COMMON	NO PAR
•					
his panner was by account on his of a fact		enderen er er Kal			
nis report must be executed an behalf of th	ne corporation by un author	izea 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 tru:
1 0 9	6 0 0		Under penalty of per	jury, I declare and affirm	that I have examined



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.

Signdrure Achier

<u> 3 |12/09</u>

MICHAEL J. FERREIRA

Print or Type Name

Title

**PRESIDENT** 

Form 630 12/05