



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
401.222.3010

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. 000051547		2. Name of Corporation R FAMILY INC.			
3. Street Address Principal Business Office 125 VAN ZANDT AVE., SUITE 301			City NEWPORT	State RI	Zip 02840
4. Business Phone No. 401-255-7367		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island OWNERSHIP AND OPERATION OF A RESTAURANT					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAWN G. X ANYN			Vice President Name		
Street Address 135 PRESIDENT AVE.			Street Address		
City FALL RIVER	State MA	Zip 02720	City	State	Zip
Secretary Name NORMAND C. GAUTHIER			Treasurer Name NORMAND C. GAUTHIER		
Street Address 135 PRESIDENT AVE.			Street Address 135 PRESIDENT AVE.		
City FALL RIVER	State MA	Zip 02720	City FALL RIVER	State MA	Zip 02720
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NORMAND C. GAUTHIER			Director Name		
Street Address SAME			Street Address		
City	State	Zip	City	State	Zip
Director Name DAWN G. X ANYN			Director Name		
Street Address SAME			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 NO PAR COMMON	Par Value 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.

FILED	
File Date	MAR 23 2009
Check No.	By: K1898
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: Normand C. Gauthier Date: 3/19/09
 Print or Type Name: Normand C. Gauthier
 Title: SECRETARY