

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

2009

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. 7-1.2-1 subject to a penalty fee of \$25.00.	501(e), each corporation fai	ling or refusing to file its ann	ual report within thirty (30) days after	the time prescribed by law (R.I	I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 124994	2. Name of Corporation The Blue Cottage, Inc.					
3. Street Address Principal Business Office 748 Hope Street			Providence	State RI	^{Ζφ} 02906	
4. Business Phone No. 5. State of Incorporation RHODE ISLAND						
6. Brief Description of the Character of Restaurant Food Service	Business Conducted in Rb	ode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Candido Dominguez			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Jacqueline M. Keating			
Street Address 748 Hope Street			Street Address 748 Hope Street			
City Providence	State RI	^{Zip} 02906	City Providence	State RI	^{Zip} 02906	
Secretary Name Candido Dominguez			Treasurer Name Jacqueline M. Keating			
Street Address 748 Hope Street			Street Address 748 Hope Street			
Providence	State RI	^{Zip} 02906	City Providence	State RI	^{Zip} 02906	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name Candido Dominguez			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name			
748 Hope Street			Street Address		200	
City Providence	State RI	<i>Zip</i> 02906	City	State	Zup	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	O p 0	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION		v a) □	
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.			Number of Shares	Class/Series	Par Value	
			100	Common	No par value	
			*(108 DECT 17			
This report must be executed of this report must be executed or				ntion is in the hands of a	receiver or trustee,	

File Date FILED	
Check MAR 2 6 2009	<u></u>
By: By 4/4	
FOR SECRETARY OF STA	ATE USE ONLY

Under penalty of perjury, I declare and affirm that	at I have examined this report,
including any accompanying schedules and state	ments, and that all statements
contained herein are true and correct.	
Carled Danses	3-16-09

Iran de de	Monwowex	3-26-07
Signature		Date

Candido Dominguez

Print or Type Name President

Title