

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(c), each corporation fulling or refusing to file its annual report within thirty (30) days after that time provided by the CRICL 7-1-2-15

subject to a penalty fee of \$25,00.	100 (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
	2 Name of Corporation Pedro's Western Grille, Inc.

68928	Pedro's Wes	Pedro's Western Grille, Inc.					
3 Sureet Address Principal Business Office 7570 Post Road			North Kingstown	State RI	2 <i>ip</i> 02852		
1. Business Phone No 1401-	294-364	9 State of Incorporation Rhode Island			V		
 Brief Description of the Character Dispensing of food, ente 	cter of Business Conducted rtainment & alcohol	d in Rhode Island ic beverages, operating as	a bar & restaurant				
. NAMES AND ADDRESS		ERS: ("X" BOX FOR ATTA		ACES BEFORE USING	ATTACHMENTS		
Angelo J. Renzi			Vice President Name Angelo J. Renzi				
610-Drybridge Road 241 HATCHERY RD.			Street Address 6 10-Drybridge-Road-				
North Kingstown	RI RI	02852	North Kingstown	State RI	^{Zip} 02852		
Secretary Name Angelo J. Renzi			Treasurer Name Angelo J. Renzi				
Street Address 610 Drybridge Road			Street Address 610 Drybridge Road				
North Kingstown	RI State	02852	North Kingstown	State RI	^{Zip} 02852		
3. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Ofrector Name			TACHMENT) [] FILL IN S Director Name	SPACES BEFORE USIN	G ATTACHMENTS		
Street Address			Street Address				
in .	State	Zip	City	State	Zip		
Arector Name			Director Name				
treet Address			Street Address				
ity	State	Zip	City	State	Zip		
. SHARES AUTHORIZED	ı	ı	10. SHARES ISSUED (*) ISSUED SHARES — THIS SECTION				
his information is curren	tly of record in the G	Office of the Secretary of	Number of Shares	Class/Series	Par Value		
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	No Par Value		
his report must be execute its report must be execute	ed on behalf of the o	corporation by an authorize orporation by the receiver of	d representative. If the corpor trustee.	poration is in the hand	s of a receiver or trustee,		
Tile Date FILED Theck No. APR 0 6 20	09	- VIO 2HOITARO9RUS F4:11 HA	including any accompany contained herein de to Signature Signature Print or Type Name	panying chedules and sta	that I have examined this reputements, and that all statements, and that all statements.		
FOR SECRETARY OF S	STATE USE ONLY	RETARY C'STATE	C. Title PRES.				
		BECEIVED —	THE		Form 630 Rev. 08/08		