



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

65283

Bertucci's Restaurant Corp.

3. Street Address Principal Business Office

5 Clocktower Place, Suite 200 Maynard

State

MA

Zip

01754

4. Business Phone No.

(978) 897-1400

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

3079

7. Brief Description of the Character of Business Conducted in Rhode Island

RESTAURANT

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

Ben Jacobson

Paul Hoagland

Street Address

Street Address

42 East 74th Street

5 Jordan Road

City

State

Zip

City

State

Zip

New York NY 10021

Hopkinton MA 01748

Secretary Name

Treasurer Name

Carl E. Axelrod

Ben Jacobson

Street Address

Street Address

75 Shaw Road

(same)

City

State

Zip

City

State

Zip

Brookline MA 02167

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Director Name

Steven F. Mandel, Jr.

James J. Morgan

Street Address

Street Address

20 Bobolink Lane

2 Broad Road

City

State

Zip

City

State

Zip

Greenwich CT 06830

Greenwich CT 06830

Director Name

Director Name

David A. Roosevelt

Thomas R. Devlin

Street Address

Street Address

150 East 93rd Street Apt 8C

1313 North Webb Road

City

State

Zip

City

State

Zip

New York NY 10128

Wichita KS 67296

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

8,000,000

-

\$.01

2,986,622

-

\$.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trust



* 6 5 2 8 3 *

File Date:

3/31/00

Check No.:

23037

By:

20

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 of Officer

Date

Print or Type Name of Officer

Dir. of Fin. Reg. & Ann.