



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
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 05283 2. Name of Corporation

042844750 Bertucci's Restaurant Corp.
3. Street Address Principal Business Office 5 clocktower place City Maynard State MA

14 Audubon Road Suite 200 Woburnfield MA
4. Business Phone No. (978) 897-1400 5. State of Incorporation

(781) 246-6700 MASSACHUSETTS
7. Brief Description of the Character of Business Conducted in Rhode Island

Restaurant

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

President Name

Dennis Pedra
Street Address
123 Elizabeth Ridge Road
City Carlisle State MA Zip 01741

Secretary Name V.P. Name

Gary Schwab
Street Address
12 Echo Bridge Road
City Franklin State MA Zip 02380

Vice President Name

Paul Hoagland
Street Address
5 Jordan Road
City Hopkinton State MA Zip 01748

Treasurer Name

Benjamin Jacobson
Street Address
42 East 74th Street
City New York State NY Zip 10021

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

Director Name

Raymond Barbrick
Street Address
28 Laurel Drive
City Wilmington State CT Zip 06279

Director Name

David A. Roosevelt
Street Address
150 East 93rd Street Apt. 8C
City New York State NY Zip 10128

Director Name

Stephen F. Mandel Jr.
Street Address
20 Bobolink Lane
City Greenwich State CT Zip 06830

Director Name

James J. Morgan
Street Address
2 Broad Street
City Greenwich State CT Zip 06830

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

3,666,370 Common .01

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

ISSUED SHARES

Number of Shares Class/Series Par Value

3,666,370 Common .01

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

File Date: 8-4-99

Check No.: 21035

By: AMP

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

Kurt J. Schaubert
Print or Type Name of Officer

Dir. of Financial Rptg. Analysis
Title of Officer