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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. *Corporate ID No.* 65283

2. *Name of Corporation* Bertucci's Restaurant Corp.

3. *Street Address Principal Business Office*
1) 70 Nairaganset Park Drive
2) 1946 Post Road
City 1) East Providence 2) Warwick *State* 1) RI 2) RI *Zip* 1) 02901 2) 02886

4. *Business Phone No.*
1) (401) 431-1470
2) (401) 732-4343

5. *State of Incorporation* Massachusetts

6. *SIC Code* 3079

7. *Brief Description of the Character of Business Conducted in Rhode Island*
Full Service Restaurant

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

President Name Joseph Cugnale
Street Address 14 Audubon Road
City Wakefield *State* MA *Zip* 01880

~~*Vice President Name*~~ Assistant Clerk Norman Mallett
Street Address 14 Audubon Road
City Wakefield *State* MA *Zip* 01880

Secretary Name Joseph Cugnale
Street Address 14 Audubon Road
City Wakefield *State* MA *Zip* 01880

~~*Treasurer Name*~~ Asst. V.P. - Taxation James K. O'Brien
Street Address 14 Audubon Road
City Wakefield *State* MA *Zip* 01880

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

Director Name Joseph Cugnale
Street Address 14 Audubon Road
City Wakefield *State* MA *Zip* 01880

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES *Number of Shares*	*Class/Series*	*Par Value*	ISSUED SHARES *Number of Shares*	*Class/Series*	*Par Value*
200,000	Common	$.01	816,051	Common	$.01

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

[redacted]

File Date: 6/18/97
Check No.: 11295
By: LLD
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

James K. O'Brien 6/16/97
Signature of Officer *Date*
James K. O'Brien
Print or Type Name of Officer
Asst. V.P. - Taxation
Title of Officer