

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0065283 Annual Report for the year: 1995

Name of Business Entity: Beelwin's Restaurant Corp.

Business entity organized under the laws of the State of: Massachusetts

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office:

14 Audubon Road
Wakefield MA 01880

Phone: (617) 346-6700

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

(1) 70 Narragansett Park Drive
E. Providence RI 02901

Phone: (401) 431-1470 (2) (401) 732-4343
(2) 1946 Post Road
Warwick RI 02886

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

JAMES O'Brien Tax Manager
Beelwin's Restaurant Corp
14 Audubon Road
Wakefield MA 01880

Brief statement of the character of business conducted in Rhode Island:

RESTAURANT

Date of Organization: 11/1/84

Date of Qualification to do business in Rhode Island (if foreign entity):
7/3/91

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
☒ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One)			
<u>Joseph Cugnate</u>	<u>567 Concord Ave</u>	<u>Belmont MA</u>	<u>01880</u>
☐ CHIEF OPERATING OFFICER OR ☐ VICE PRESIDENT (Check One)			
<u>NORMAN MALLAT Assistant Clerk</u>	<u>17 Applewood Rd</u>	<u>Belmont MA</u>	
☐ CUSTODIAN OF RECORDS OR ☐ SECRETARY (Check One)			
<u>Joseph Cugnate</u>			
☐ CHIEF FINANCIAL OFFICER OR ☐ TREASURER (Check One)			
<u>Joseph Cugnate</u>			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Joseph Cugnate</u>			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 200,000

CLASS Common

SERIES

PAR VALUE OR

WITHOUT PAR \$.01

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 816,051

CLASS Common

SERIES

PAR VALUE OR

WITHOUT PAR \$.01

Date December 15, 1994

By: [Signature]

Joseph Cugnate

PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT
TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

1/9/95

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