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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. *Corporate ID No.* 40381
2. *Name of Corporation* SPENCER, INC.
3. *Street Address Principal Business Office* 651 Warwick Ave. *City* Warwick *State* RI *Zip* 02888
4. *Business Phone No.* (401) 785-1818
5. *State of Incorporation* RHODE ISLAND
6. *SIC Code* 3095
7. *Brief Description of the Character of Business Conducted in Rhode Island* to purchase and hold restaurants and taverns

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Cindy-Lou Spencer
Street Address 29 Lane E
City Warwick *State* RI *Zip* 02888

Secretary Name Brandi Leigh Spencer
Street Address
City *State* *Zip*

Vice President Name Brandi Leigh Spencer
Street Address 29 Lane E
City Warwick *State* RI *Zip* 02888

Treasurer Name Cindy-Lou Spencer
Street Address
City *State* *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Cindy-Lou Spencer
Street Address see above
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name Brandi Leigh Spencer
Street Address see above
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
300 NO PAR VALUE	Common	no par

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	common	no par

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

40381

File Date: 2/25/03

Check No.: 436

By:

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, anc that all statements contained herein are true and correct.

Cindy-Lou Spencer 2/20
Signature of Officer *Date*

Cindy-Lou Spencer
Print or Type Name of Officer

Pres, Treasurer
Title of Officer

Form 630 12/02