



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 **1999**

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

(FORM MUST BE TYPED 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.

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

Carolyn Drumm

Street Address

34 Dees Circle

City

Warwick

State

RI

Zip

02888

Vice President Name

Cindy Spencer

Street Address

29 Lane E

City

Warwick

State

RI

Zip

02888

Secretary Name

Cindy Spencer

Street Address

29 Lane E

City

Warwick

State

RI

Zip

02888

Treasurer Name

Carolyn Drumm

Street Address

34 Dees Circle

City

Warwick

State

RI

Zip

02888

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

Director Name

Cindy Spencer

Street Address

see above

City

State

Zip

Director Name

Carolyn Drumm

Street Address

see above

City

State

Zip

Director Name

Street Address

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

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 Trust



* 4 0 3 8 1 *

File Date:

11/16/99

Check No.:

1031

By:

[Signature]

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.

Cindy Spencer **2/14/99**

Signature of Officer

Date

Cindy Spencer

Print or Type Name of Officer

VP Sec.

Title of Officer