

**State of Rhode Island
and Providence Plantations**
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2006

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 20832		2. Name of Corporation RIGHT SPOT RESTAURANT, INC.			
3. Street Address Principal Business Office 200 S. BEND STREET			City PAWTUCKET	State RI	Zip 02860-4512
4. Business Phone No. 401-726-8910		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island FOOD AND BEVERAGES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STERGIOS TSIMIKAS			Vice President Name JOULIA TSIMIKAS		
Street Address 30 SEABISCUIT PLACE			Street Address 30 SEABISCUIT PLACE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name JOULIA TSIMIKAS			Treasurer Name STERGIOS TSIMIKAS		
Street Address 30 SEABISCUIT PLACE			Street Address 30 SEABISCUIT PLACE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name STERGIOS TSIMIKAS			Director Name		
Street Address 30 SEABISCUIT PLACE			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Director Name JOULIA TSIMIKAS			Director Name		
Street Address 30 SEABISCUIT PLACE			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares 100		Class/Series COMMON		Par Value 0	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	
Check No.	
By	
FOR SECRETARY OF STATE USE ONLY	

FILED
AUG 17 2009
By **096776**
10:50

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.

Stergios Tsimikas 8-14-09
Signature Date
STERGIOS TSIMIKAS
Print or Type Name
PRESIDENT
Title