



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 2009

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 147657		2. Name of Corporation Nusan Restaurant, Ltd.			
3. Street Address Principal Business Office 215 Water Street			City Warren	State RI	Zip 02885
4. Business Phone No. 401-245-5043		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To own and operate restaurant and food and beverage service business.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Nuno A. Pires			Vice President Name Sandra Pires		
Street Address 215 Water Street			Street Address 215 Water Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Sandra Pires			Treasurer Name Nuno A. Pires		
Street Address 215 Water Street			Street Address 215 Water Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Nuno A. Pires			Director Name Sandra Pires		
Street Address 215 Water Street			Street Address 215 Water Street		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name Manuel Escobar			Director Name		
Street Address 215 Water Street			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		Number of Shares 1,000.00		Class/Series Common	Par Value No Par Value

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.

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.

Signature

Nuno A. Pires

Print or Type Name

President

Title

Date

3/31/09

FILED	
File Date	OCT 02 2009
Check No.	
By:	By: 218388 & 218352
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