



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&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 131795		2. Name of Corporation LOUIS Q. CLUBHOUSE INC	
3. Street Address Principal Business Office 7 LEDGEMONT DR.		City LINCOLN	State RI
4. Business Phone No. 401-231-1100		5. State of Incorporation RI	
6. Brief Description of the Character of Business Conducted in Rhode Island SALES - FOOD & LIQUOR			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name EMILIA FARIA		Vice President Name JOSE FARIA	
Street Address 7 LEDGEMONT DR		Street Address SAME	
City LINCOLN	State RI	City LINCOLN	State RI
Zip 02865		Zip 02865	
Secretary Name JOSE FARIA		Treasurer Name JOSE FARIA	
Street Address SAME		Street Address SAME	
City LINCOLN	State RI	City LINCOLN	State RI
Zip 02865		Zip 02865	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name JOSE FARIA		Director Name JOSE FARIA	
Street Address SAME		Street Address SAME	
City LINCOLN	State RI	City LINCOLN	State RI
Zip 02865		Zip 02865	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			
Number of Shares 1000	Class/Series COMMON	Par Value 0	
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares NONE	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 **FILED**
Check No. **OCT 06 2009**
By: **EMILIA FARIA**
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.

Signature **Emilia Faria** Date **9-30-09**
Print or Type Name **EMILIA FARIA**
Title **PRES**