

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

Form 630 Rev. 08/08

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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(e)-d) is

I Corporate ID No 21665		rporation ir Incorporated.			
3. Street Address Principal Business Office 451 Prospect St.			Pawtucket	State RI	7ip 02860
+ Business Phone No. 5. State of Incorporation 401-726-8988 Shode Island					I
o Brief Description of the Cha Operation of Tavern.	tractor of Business Condi	acted in Rhode Island			
7. NAMES AND ADDRI	ESSES OF THE OFF	TICERS: ("X" BOX FOR ATTA	CHMENT) TILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name Raymond J. Lambert			Vice President Name Raymond J. Lambert		
Street Address 12128 N. Fox Den Drive			Street Address 12128 N. Fox Den Drive		
City Knoxville	State TN	^{Zip} 37934	City Knoxville	State	Zψ
Secretary Name Raymond J. Lambert		1 07 004	Treasurer Name	TN	37934
Street Address			Raymond J. Lambert Street Address		
12128 N. Fox Den Drive			12128 N. Fox Den Drive		
^{City} Knoxville	State RI	37934	^{Cn)·} Knoxville	State TN	_{Хір} 37934
8. NAMES AND ADDRE Director Name	SSES OF THE DIR	ECTORS: ("X" BOX FOR ATT	TACHMENT) FILL I Director Name	N SPACES BEFORE USIN	G ATTACHMENTS
treet Address			Street Address		
Cup	State	Zip	City	State	Zφ
Director Name			Director Name		
treet Address			Street Address		
Mp	State	Zip	CUV	State	Zip
). 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	Class/Series	Par Value
			8,000	Common	\$1.00
his report must be exec	cuted on behalf of the	he corporation by an authorize	d representative. If the	corporation is in the hand	s of a receiver or trusto
his report must be execu	ruted on behalf of th	he corporation by an authorize e corporation by the receiver of	d representative. If the our trustee.	corporation is in the hand	s of a receiver or tru
		·	including any acc	perjury, I declare and affirm panying schedules and sta	that I have examined this stements, and that all state
Ella Dava			contained herei	re true and correct.	1-15-10
FILED			Signatur		7-13-78 Date
FEB 1 2 201	10		.		•
By By OR SECRETARY C			Print or Type Name		
By OR SECRETARY C	F STATE USE ONLY		Raymond J		
TORSCERLIANTE	JI STATE USE ONLI		Title PRESID	ENT	Form 630 Rev. 08