



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
401.222.3010

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

1. Corporate ID No. 8828		2. Name of Corporation TARA FOOD SERVICES, INCORPORATED			
3. Street Address Principal Business Office 4 BLOSSOM STREET			City WEST WARWICK	State RI	Zip 02893
4. Business Phone No. 401-822-2834		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE DISPENSING OF FOOD, OPERATING AS A RESTAURANT, AND GENERALLY TO PURCHASE OR OTHERWISE ACQUIRE RESTAURANTS AND TO OWN, HOLD, LEASE, RENT OR SELL SUCH BUSINESS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAIME CORREIRA			Vice President Name HERMINIO R. CORREIRA		
Street Address 4 BLOSSOM STREET			Street Address 4 BLOSSOM STREET		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Secretary Name HERMINIO R. CORREIRA			Treasurer Name HERMINIO R. CORREIRA		
Street Address 4 BLOSSOM STREET			Street Address 4 BLOSSOM STREET		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	COMMON	NO PAR	900	COMMON	NO PAR

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.

FILED
File Date **FEB 18 2010**
Check No. _____
By **DS**
FOR SECRETARY OF STATE USE ONLY
111439

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.

Herminio R. Correia 2/15/10
Signature Date
HERMINIO R. CORREIRA
Print or Type Name
VICE PRESIDENT
Title