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 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.	2. Name of Corporation			
000 57730	Spangler-Tillinghast Corporation			
3. Street Address Principal Business Office: 7 Steeple Street		City: Providence	State: Rhode Island	Zip: 02903
4. Business Phone No.: 401-751-0350	5. State of Incorporation: Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island: Restaurant

7. NAMES AND ADDRESSES OF THE OFFICERS. ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
W. Bruce Tillinghast	7 Steeple Street	Providence	Rhode Island	02903

Vice President Name	Street Address	City	State	Zip
W. Bruce Tillinghast	7 Steeple Street	Providence	Rhode Island	02903

Secretary Name	Street Address	City	State	Zip
W. Bruce Tillinghast	7 Steeple Street	Providence	Rhode Island	02903

Treasurer Name	Street Address	City	State	Zip
W. Bruce Tillinghast	7 Steeple Street	Providence	Rhode Island	02903

8. NAMES AND ADDRESSES OF THE DIRECTORS. ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
W. Bruce Tillinghast	7 Steeple Street	Providence	Rhode Island	02903
none				
none				

Director Name	Street Address	City	State	Zip
none				
none				

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	Class/Series	Par Value
	4,000	CNP	$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.

[redacted]

[redacted]

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.

WBTillinghast 3/1/10
Signature *Date*

W. Bruce Tillinghast
Print or Type Name

Pres.
Title

File Date: 3-8-2010 3/8/2010
Check No.: 5126 5126
By: [redacted] mnc
FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 08/08

TOTAL P.02