STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
54620	T & R MANAGEMENT, INC.		
3. Street Address Principal Business Office	City	State	Zip
27 UNITY STREET	WOONSOCKET	RI	02895
4. Business Phone No.	5. State of Incorporation		6. SIC Code
~~4017665124~~ 4017693138	RHODE ISLAND		3079

7. Brief Description of the Character of Business Conducted in Rhode Island
OPERATION OF A RESTAURANT

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

President Name			Vice President Name		
Theresa Payeur			Roland Payeur		
Street Address			Street Address		
27 Unity Street			27 Unity Street		
City	State	Zip	City	State	Zip
Woonsocket	RI	02895	Woonsocket	RI	02895
Secretary Name			**Treasurer Name**		
Roland Payeur			James G. Payeur		
Street Address			Street Address		
27 Unity Street			27 Unity Street		
City	State	Zip	City	State	Zip
Woonsocket	R	02895	Woonsocket	RI	02895

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

Director Name			Director Name		
Theresa Payeur			Roland Payeur		
Street Address			Street Address		
27 Unity Street			27 Unity Street		
City	State	Zip	City	State	Zip
Woonsocket	RI	02895	Woonsocket	RI	02895
Director Name			Director Name		
N/A			N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ — **11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			100	common	none

*This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

[redacted] 5 4 6 2 0 [redacted]

54620 DBC 01/07/04 10:28:36 AM
File Date 2/6/04
Check No. 5021
By: SE
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.

Theresa Payeur 2-20-04
Signature of Officer *Date*

Theresa Payeur
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01