



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.<br>7695                                                                                                                                |             | 2. Name of Corporation<br>Everett Lane, Inc. |                                       |                   |              |
| 3. Street Address Principal Business Office<br>520 Main Rd.                                                                                                |             | City<br>Tiverton                             |                                       | State<br>RI       | Zip<br>02878 |
| 4. Business Phone No.<br>401-624-2321                                                                                                                      |             | 5. State of Incorporation<br>Rhode Island    |                                       |                   |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Restaurant - Small Diner                                                    |             |                                              |                                       |                   |              |
| NAME AND ADDRESS OF THE OFFICERS (EX-BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BELOW IF OFFICERS ARE NOT                                 |             |                                              |                                       |                   |              |
| President Name<br>David Ferreira                                                                                                                           |             |                                              | Vice President Name<br>David Ferreira |                   |              |
| Street Address<br>23 East ST                                                                                                                               |             |                                              | Street Address<br>same as above       |                   |              |
| City<br>Tiverton                                                                                                                                           | State<br>RI | Zip<br>02878                                 | City                                  | State             | Zip          |
| Secretary Name<br>David Ferreira                                                                                                                           |             |                                              | Treasurer Name<br>David Ferreira      |                   |              |
| Street Address<br>same as above                                                                                                                            |             |                                              | Street Address<br>same as above       |                   |              |
| City                                                                                                                                                       | State       | Zip                                          | City                                  | State             | Zip          |
| DIRECTORS (EX-BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BELOW IF DIRECTORS ARE NOT                                                       |             |                                              |                                       |                   |              |
| Director Name<br>David Ferreira                                                                                                                            |             |                                              | Director Name                         |                   |              |
| Street Address<br>same as above                                                                                                                            |             |                                              | Street Address                        |                   |              |
| City                                                                                                                                                       | State       | Zip                                          | City                                  | State             | Zip          |
| Director Name                                                                                                                                              |             |                                              | Director Name                         |                   |              |
| Street Address                                                                                                                                             |             |                                              | Street Address                        |                   |              |
| City                                                                                                                                                       | State       | Zip                                          | City                                  | State             | Zip          |
| SHARES AUTHORIZED <input type="checkbox"/> ISSUED SHARES (EX-BOX FOR ATTACHMENT) <input type="checkbox"/>                                                  |             |                                              |                                       |                   |              |
| 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<br>100                                                                                                                                    |             | Class/Series<br>Common                       |                                       | Par Value<br>None |              |
| THIS SECTION MUST BE COMPLETED                                                                                                                             |             |                                              |                                       |                   |              |

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  
MAR 12 2010  
BY [Signature]  
1113754

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: [Signature] Date: 3/1/10  
Print or Type Name: David Ferreira  
Title: President