

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 fik 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.

subject to a persuity fee by \$25.00.					
1. Corporate ID No. 107060	2. Name of Corporation Macera's Italian Restaurant, Inc.				
3. Street Address Principal Business Office 1500 Oaklawn Avenue			<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02920
4. Business Phone No. 5. State of Incorporation 401-563-5303 Rhode Island					
6. Brief Description of the Character Retain sale of food, spirits a		Rbode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name David Macera			CHMENT) _ FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name		
Street Address 1500 Oaklawn Avenue			Street Address		
City Cranston	State RI	<sup>Ζφ</sup> 02920	City	State	Zψ
Secretary Name David Macera			Treasurer Name David Macera		
Street Address 1500 Oaklawn Avenue			Street Address 1500 Oaklawn Avenue		
City Cranston	State RI	<sup>Ζψ</sup> 02920	City Cranston	State RI	<sup>Ζψ</sup> 02920
8. NAMES AND ADDRESSES Director Name David Macera	OF THE DIRECTOR	S: ("X" BOX FOR ATI	ACHMENT) FILL IN SPA	ACES BEFORE USING	ATTACHMENTS
Street Address 1500 Oaklawn Avenue			Street Address		
City Cranston Director Name	State RI	<sup>Zip</sup> 02920	City  Director Name	State	Ζip
Street Address			Street Address		
City	State	Ζijν	City	State	Ζip
9. SHARES AUTHORIZED	A file-property (p)		10. SHARES ISSUED ("X ISSUED SHARES — THIS SECTIO		MENT)
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
			200	Common	No Par Value
This report must be executed this report must be executed			or trustee. Under penalty of perjui	ry, I declare and affirm th unying schedules and state	of a receiver or trustee,  at I have examined this reportements, and that all statement
File Date  Check No.	MAR 1 8 2010	120	Signature	MACKAH.	3/17/10 Date
By:FOR SECRETARY OF ST	ATE USE ONLY		Print or Type Name PRESICLEA	t.	
1		J	Title		E (20 B 0000