

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

Corporate ID No. 15013	2. Name of Corporation VOC, INCORPO	PRATED			
3. Street Address Principal Business Office 2 ELM STREET - P.O. BOX 414			WESTERLY	State RI	^{Zip} 02891
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
. Brief Description of the Characte RESTAURANT					
· · · · · · · · · · · · · · · · · · ·	s of the officers	("X" BOX FOR ATTA	CHMENT) TILL IN SPACE Vice President Name	ES BEFORE USING A	TTACHMENTS
President Name Anthony F. Vocatura			Anthony F. Vocatura, II		
Street Address 2 Orleans Court (P.O. Box 1194)			Street Address 39 Hubbard Street		
City Westerly	State Rhode Island	Ζір 02891	City Westerly	State Rhode Island	^{Zip} 02891
Secretary Name Maria Vocatura			Treasurer Name Anthony F. Vocatura		
Street Address 2 Orleans Court (P.O. Box 1194)			Street Address 2 Orleans Court (P.O. Box 1194)		
City Westerly	State Rhode Island	^{Zip} 02891	City Westerly	State Rhode Island	^{Zip} 02891
B. NAMES AND ADDRESSI Director Name Anthony F. Vocatura	ES OF THE DIRECTO	RS: ("X" BOX FOR AT	Anthony F. Vocatura, II	CES BEFORE USING	ATTACHMENTS
Street Address			Street Address		
2 Orleans Court (P.O. E		7/2	39 Hubbard Street	State	Zip
^{City} Westerly	Rhode Island	7.50 02891	Westerly	Rhode Island	02891
Director Name	Trillode Island		Director Name		***************************************
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This is for marking in our room	the of record in the Of	fice of the Secretary of	Number of Shares	Class/Scries	Par Value
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.			100	Common	No Par
			N 12 1		
This report must be execu-	ted on behalf of the co	rporation by an authoriz	ed representative. If the corpo	ration is in the hands	of a receiver or tru
this report must be execute	ed on behalf of the cor	poration by the receiver	or trustee.		

Training to	MAR 2 8 2019
Ву:В	
	FOR SECRETARY OF STATE USE ONLY

Inder penalty of perjury, I declare and affi	rm that I have examined this report,
ncluding any accompanying schedules and	i statements, and that all statements
considered herein are true and correct. Missing / Coftm , Inc.	02/10/10 Date/
ignature	/Date/
Anthony F. Vocatura	
Print or Type Name	
President	
Title	Form 630 Rev. 08/08