State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis. *Secretary of Stat*
Corporations Divisio
148 W. River Stre
Providence, RI 02904-261
401.222.304

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
162192	CURBSIDE, INC.

3. Street Address Principal Business Office	City	State	Zip
103 Cottage Street	Pawtucket	RI	02860

4. Business Phone No.	5. State of Incorporation
(401) 725-0840	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
To own and operate a restaurant facility serving food and beverages to the general public.

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

President Name	Street Address	City	State	Zip
Lindsay Manion	17 Dexter Street	Cumberland	RI	02864

Vice President Name	Street Address	City	State	Zip
Lindsay Manion	17 Dexter Street	Cumberland	RI	02864

Secretary Name	Street Address	City	State	Zip
Lindsay Manion	17 Dexter Street	Cumberland	RI	02864

Treasurer Name	Street Address	City	State	Zip
Lindsay Manion	17 Dexter Street	Cumberland	RI	02864

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

Director Name	Street Address	City	State	Zip
Lindsay Manion	17 Dexter Street	Cumberland	RI	02864
None				
None				

Director Name	Street Address	City	State	Zip
None				
None				

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CORPORATIONS DIV

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No Par

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]

FILED

File Date APR 01 2010

Check No.

By: BY

FOR SECRETARY OF STATE USE ONLY

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Signature *Date* 2/21/10

Lindsay Manion
Print or Type Name

[redacted]

President
Title

Form 630 Rev. 08/08