

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222 3040

2010 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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(codd)) is refused to a broader for a S. 25.00

subject to a penalty fee of \$25.00.					
1. Corporate ID Na 104561	2. Name of Corporation Geoff's Restaura	ant, Inc.			****
3. Street Address Principal Business Office ***********************************			City Providence	State Rhode Island	^{次段} 392時83 3×02906
** Business Phone No					
6 Brief Description of the Characte To engage in providing ret			not limited to the own	ership	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name Julio Fonseca			CHMENT) [FILL IN Vice President Name Julio Fonseca	SPACES BEFORE USING.	ATTACHMENTS
Street Additions 102 Burnside Avenue			Street Address 102 Burnside Avenue		
<i>շա</i> ։ Seekonk	State MA	^{Ζίρ} 02771	сиу Seekonk	state MA	02771
Secretary Name Julio Fonseca			Treasurer Name Julio Fonseca		
Mreet Address 102 Burnside Avenue			Street Address 102 Burnside Avenue		
City Seekonk	State MA	^{∠ip} 02771	City Seekonk	State MA	2φ 02771
8. NAMES AND ADDRESSE	S OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) 🔲 FILL	IN SPACES BEFORE USING	ATTACHMENTS
Director Name Julio Fonseca			Director Name		8 _0
Mrcet Address 102 Burnside Avenue			Street Address		0
cn ₃ Seekonk	State MA	<i>Ζίρ</i> 02771	City	State	OR P.C.
Director Name		J.ATTi	Director Name		2 ∮35
Street Address			Street Address		
C(t)	State	Zip	CIty	State	7 <u>2</u> M
9. SHARES AUTHORIZED	l	1		I D <i>("X" BOX FOR ATTACH</i> SECTION <u>MUST</u> BE COMPLETED	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	Classiserus	Par Vanue
			200	Common	None
			100	Camana	Nicos
			100	Common	None

this report must be executed on behalf of the corporation by the receiver or trustee.

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
TILL-U	command herein are true and correct.
File Date	Signatura Date
Check No.	SULTO C. FONSECH
By: 115 342 FOR SECRETARY OF STATE USE ONLY	Print or Type Name Print Or Type Name Title
	Form 630 Rev. 08/08