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FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division 1-18 W. River Street Providence, Rl 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(ce<sup>2</sup>d)) is

subject to a penalty fee of \$25.00	0.		, , , , , , , , , , , , , , , , , , , ,	,, , ,		
1. Corporate ID No. 18600		2. Name of Corporation Portside Restaurant, Inc.				
3. Street Address Principal Business Office 221 Great Island Road			Narragansett	State RI	749 02882	
4. Susmess Phone No. 5. State of Incorporation Rhode Island				-		
6. Brief Description of the Chan Restaurant	acter of Business Conduc	ted in Rhode Island				
7. NAMES AND ADDRES	SSES OF THE OFFI	CERS: ("X" BOX FOR ATTA	CHMENT)   FILL IN S	SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Deborah Petrella			James Petrella			
Street Address 221 Great Island Road			Street Address 221 Great Island Road			
വു Narragansett	Siate RI	<sup>Ζφ</sup> 02882	City Narragansett	State RI	<sup>249</sup> 02882	
Secretary Name James Petrella			Treasurer Name Deborah Petrella			
Street Address 221 Great Island Road			Street Address 221 Great Island Road			
շար Narragansett	State R1	<sup>Zip</sup> 02882	City Narragansett	State RI	Ζφ 02882	
8. NAMES AND ADDRES	SSES OF THE DIRE	CTORS: ("X" BOX FOR ATT	TACHMENT) 🔲 FILL IN	SPACES BEFORE USIN	G ATTACHMENTS	
Director Name Deborah Petrella			Director Name James Petrella			
Special didines			Street Address			
221 Great Island Road			221 Great Island Road			
Cit <sub>j'</sub>	State	ZŲ	City	Siate	Zip	
Narragansett	RI	02882	Narragansett	RI	02882	
Director Name		***************************************	Director Name	•••••••••		
Street Address			Street Address			
Сйу	State	Zų	City:	State	Ziμ	
). SHARES AUTHORIZE	ED	I	_	("X" BOX FOR ATTAC. CTION <u>MUST</u> BE COMPLETED	• 🗀	
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	No Par	
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				perjury. I declare and affirm ompanying schedules and st		
				ompanying schedules and st ire true and correct.	atements, and that an state	
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Check No. JUN 3 0 2	U1 <b>U</b>				Ditte	
	1	<del></del>	Deborah Pe	trella		

Print or Type Name President

Title