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

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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 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
120032	C & S CORPORATION

3. Street Address Principal Business Office	City	State	Zip
2450 NOOSENECK HILL ROAD	COVENTRY	RI	02816

4. Business Phone No.	5. State of Incorporation
279-2240	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE RESTAURANT BUSINESS

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

President Name	Street Address	City	State	Zip
ZORISLAV SANDIC	659 MAIN STREET	COVENTRY	RI	02816

Vice President Name	Street Address	City	State	Zip
ZORISLAV SANDIC	659 MAIN STREET	COVENTRY	RI	02816

Secretary Name	Street Address	City	State	Zip
ZORISLAV SANDIC	659 MAIN STREET	COVENTRY	RI	02816

Treasurer Name	Street Address	City	State	Zip
ZORISLAV SANDIC	659 MAIN STREET	COVENTRY	RI	02816

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

Director Name	Street Address	City	State	Zip
ZORISLAV SANDIC	659 MAIN STREET	COVENTRY	RI	02816

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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
600	COMMON	NO PAR VALUE

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]

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

[redacted] 5/27/10
Signature *Date*

ZORISLAV SANDIC
Print or Type Name

[redacted] PRESIDENT
Title

File Date FILED
Check No. JUN 30 2010
By: By 4918 + 4946
50848-52-930001 SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08