

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 OF 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. subject to a penalty fee of \$25.00.	.2-1501(e), each corpo	ration failing or refusing to file its ann	nual report within thirty (30) days	after the time prescribed by la	
1. Corporate ID No. 000038870	2 Name of Corp	o's Lounal	Inc		PR TOPPE
3. Street Address Principal Business Office 1410R Mineral Spring Ave.		J	North Providence	State RI	02904
4. Business Phone No. 401-353-9801  5. State of Incorporat Rhode Island		5. State of Incorporation Rhode Island			<b>3 3 3 3</b>
6. Brief Description of the Characterists a Lounge alcoholic a	ter of Bustness Condu nd non-alcoholic	cted in Rhode Island beverages and entertainmen	nt		9: 3
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Dana Cambria			Vice President Name  Dana Cambria		
Street Address 29 Lyman ave.			Street Address 29 Lyman Ave.		
North Providence	State RI	<sup>Ζίρ</sup> <b>02911</b>	City North Providence	State RI	<sup>Ζίρ</sup> 02911
Secretary Name Dana Cambria			Treasurer Name Dana Cambria		
Street Address 29 Lyman Ave.			Street Address 29 Lyman Ave.		
North Providence	State RI	<sup>Zip</sup> <b>02911</b>	City North Providence	State RI	<sup>Ζφ</sup> 02911
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR A Director Name  Dana Cambria			TACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name		
Street Address 29 Lyman Ave.			Street Address Same as above		
City  North Providence	State RI	<i>Ztp</i> <b>02911</b>	City	State	Zip
Director Name	as abo		Director Name Sam	e as abor	N
Street Address	<u>us uso</u>		Street Address	2 4(5 6365)	
City	State	Zip	Сиу	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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	Class/Series	Par Value
			2,000	CNP	\$0.00
This report must be execut this report must be execut	ted on behalf of the don behalf of the	the corporation by an authorize corporation by the receiver	ed representative. If the co or trustee.	orporation is in the han	ds of a receiver or trustee,
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	LED C		including any according to the container herein and signature	mpanying schledules and service and correct.	n that I have examined this report statements, and that all statement Date
Check No	2352 6	7/38	Dana M. Cal Print or Type Name		
FOR SECRETARY OF	STATE USE ONLY		President		
TOR SECRETARI OF	2.1.2.2.000 01.101		Tule		Form 630 Rev. 08/08