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

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 2011

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		
23346	THE LITTLE INN RESTAURANT, INC.		
3. Street Address Principal Business Office	City	State	Zip
103 PUTNAM AVENUE	JOHNSTON	RI	02919
4. Business Phone No.	5. State of Incorporation		
401-231-0570	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
RESTAURANT

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

President Name			Vice President Name		
YOLANDA M. RUSSO			CHERYL HAHN		
Street Address			Street Address		
32 SOUTH LOCUST STREET			115 QUAKER LANE		
City	State	Zip	City	State	Zip
NORTH PROVIDENCE	RI	02911	NORTH SCITUATE	RI	02857
Secretary Name			Treasurer Name		
YOLANDA M. RUSSO			YOLANDA M. RUSSO		
Street Address			Street Address		
32 SOUTH LOCUST STREET			32 SOUTH LOCUST STREET		
City	State	Zip	City	State	Zip
NORTH PROVIDENCE	RI	02911	NORTH PROVIDENCE	RI	02911

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

Director Name			Director Name		
YOLANDA M. RUSSO			CHERYL HAHN		
Street Address			Street Address		
32 SOUTH LOCUST STREET			115 QUAKER LANE		
City	State	Zip	City	State	Zip
NORTH PROVIDENCE	RI	02911	NORTH SCITUATE	RI	02857
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE		

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] [redacted]

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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.

Yolanda M Russo 1/9/11
Signature *Date*

YOLANDA M. RUSSO
Print or Type Name

[redacted] PRESIDENT
Title

Form 630 Rev. 12/06