



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.<br><u>131795</u>   |                    | 2. Name of Corporation<br><u>LOUIS Q. CLUBHOUSE INC</u>             |                        |                    |
| 3. Street Address Principal Business Office<br><u>7 LEDGEMONT DR</u>   |                    |   | City<br><u>LINCOLN</u> | State<br><u>RI</u> |
| 4. Business Phone No.<br><u>401-231-1100</u>   |                    | 5. State of Incorporation<br><u>RI</u>                              |                        |                    |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br><u>RESTAURANT</u>   |                    |   |                        |                    |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |                    |   |                        |                    |
| President Name<br><u>EMELIA FARIA</u>  |                    | Vice President Name<br><u>JOSE FARIA</u>                            |                        |                    |
| Street Address<br><u>7 LEDGEMONT DR</u>  |                    | Street Address<br><u>SAME</u>                                       |                        |                    |
| City<br><u>LINCOLN</u>   | State<br><u>RI</u> | Zip<br><u>02865</u>   | City                   | State              |
| Secretary Name   |                    | Treasurer Name<br><u>JOSE FARIA</u>                                 |                        |                    |
| Street Address   |                    | Street Address<br><u>SAME</u>                                       |                        |                    |
| City   | State              | Zip   | City                   | State              |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |                    |   |                        |                    |
| Director Name  |                    | Director Name   |                        |                    |
| Street Address   |                    | Street Address  |                        |                    |
| City   | State              | Zip   | City                   | State              |
| Director Name  |                    | Director Name   |                        |                    |
| Street Address   |                    | Street Address  |                        |                    |
| City   | State              | Zip   | City                   | State              |
| 9. SHARES AUTHORIZED<br><u>1000</u>  |                    | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                        |                    |
| 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<br><u>NONE</u>  |                    | Class/Series<br><u>COMMON</u>                                       | Par Value<br><u>0</u>  |                    |

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.

**FILED**

File Date: \_\_\_\_\_

Check No. JAN 27 2011

By: BY 4003

FOR SECRETARY OF STATE USE ONLY

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.

Emilia Faria 1-25-11  
Signature Date

EMILIA FARIA  
Print or Type Name

PRES.  
Title