

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(e&d)) is

subject to a penalty fee of \$25.00.			man report a various visiting (50)	mays agen one time preserved by	ши (кл. и.г. /-1.2-1)01(соа)) в	
1. Corporate ID No. 99030	The Bottom Line	2. Name of Corporation The Bottom Line Bar & Grill, Inc.				
3. Street Address Principal Business Office 415 Palmer Ave			^{City} Warwick	State RI	^{Zip} 02889	
4. Business Phone No. 5. State of Incorporation Rhode Island						
6. Brief Description of the Character To serve alcholic beverage	s and food					
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) 🔲 FILL IN	SPACES BEFORE USING	G ATTACHMENTS	
President Name John P Gallagher			Vice President Name			
Street Address			Warren E Kean			
30 Harding Ave			516 WARWICK AVE			
CRANSTON	State RI	Zip 02905	WARWICK	State RI	^{Ζιμ} 02888	
Secretary Name			Treasurer Name			
Street Address			Street Address			
Сйу	State	Zip	City	State	Zip	
8. NAMES AND ADDRESSES	 	 S: ("X" BOX FOR AT1	∷ <i>TACHMENT)</i>	 IN SPACES BEFORE USH	 NG ATTACHMENTS	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name	.J	J	Director Name			
Street Address			Street Address			
Сйу	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED	1	1	10 CHARGE ICCIDS	O C"V" BOV FOR ATTAC	Treasparer)	
, , , ,			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			Number of Shares Class/Series Par Value			
State. Changes require an additional filing. See Section 9 of instruction sheet.			1000	CNP	0.00	
This report must be executed	on behalf of the corn	oration by an authorize	d representative If the	corneration is in the bar-	do of a receiver as the second	
this report must be executed	on behalf of the corpo	pration by the receiver	or trustee.	corporation is in the nanc	as of a receiver or trustee,	
	•					
			Under penalty of	periury. I declare and affirm	that I have examined this repo	
	- 	•	including any acc	companying schedules and si	tatements, and that all statement	
1 (fee fee)	J		contained herein	are true and correct	1,1,	
File Date	N44 !		yohn t	. Mallash.	111111	
JAN 312	יווט!		Signature	γ	Date	
\			JOHN P GALLAGHER			
By: PY	14		Print or Type Name			
FOR SECRETARY OF STA	ATE USE ONLY		PRESIDEN	NT		
	· · · · · · · · · · · · · · · · · · ·		Title		Form 630 Rev. 08/08	
					LOUIS U.N. KEV. UN/UN	