

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. 7-1.2-150).

subject to a penalty fee of \$25.00.			nuai report within iniriy (50) a.	iys after the time prescribed by taw	(R.I.G.L. 7-1,2-1501(c&d)) is	
1 Corporate ID No. 531066	77 Restau	2. Name of Corporation 77 Restaurant & Pub, Inc.				
3. Street Address Principal Business Office 77 Havelock Street			City Woonsocket	State Rhode Island	2ip 02895	
4. Business Phone No. 5. State of Incorporation Rhode Island			- salin			
6. Brief Description of the Character € 1 h3 · 2 A ~ T . 7. NAMES AND ADDRESS! President Name	FOLL Reih	cted in Rhode Island かんかて + Pいら C ICERS: ("X" BOX FOR ATTA	(CHMENT) TILL IN :	wrk Milat SPACES BEFORE USING A	Diwing TTACHMENTS	
Nicholas Haddad			Vice President Name Laurence F. Smith			
Street Address 4 Pine Grove Avenue			Street Address 41 Smith Street			
City: Lincoln	State RI	^{Хир} 02865	Providence	State RI	2ip 02895	
Secretary Name Kara M. Haddad			Treasurer Name Nicholas Haddad			
74 Pine Grove Avenue			Street Address 74 Pine Grove Avenue			
City Lincoln	State RI	02865	CHy Lincoln	State RI	Zip 02865	
	S OF THE DIRI	ECTORS: ("X" BOX FOR AT	TACHMENT) [FILL IN			
None None			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	CH _Y	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	
			150	common	\$.01 par value	
This report must be execute this report must be executed	d on behalf of th	ne corporation by an authorize e corporation by the receiver	ed representative. If the c	orporation is in the hands of	of a receiver or trustee.	
	- 2 (// M		or control.			
			Under panelty of a	oriom. I dealers up 5 office. d		
FIL	ED		including any acco	erjury. I declare and affirm that impanying schedules and state true and correct. / //	ments, and that all statemen	
File Date FEB 0	1 2011		Mich	les Hadd	w 1/25/4	
Check No. By	mc		Signature Nicholas Ha	ddad	Date	
By:	46		Print or Type Name	uuau		
FOR SECRETARY OF STATE USE ONLY			President			
			Title			