

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(ccdd)) is

subject to a penalty fee of \$25.00.				7	1,01(10 4)// 1/	
1. Corporate ID No. 155961		2. Name of Corporation EARLY & OFTEN, INC.				
3. Street Address Principal Business Office 289 KNIGHT STREET			PROVIDENCE	State RI	^{Zip} 02909	
4. Business Phone No. 5. State of Incorporation RHODE ISLAND						
6. Brief Description of the Character of BAR & ENTERTAINMENT	of Business Conducted in R	hode Island		,	V 4	
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) FILL IN SI	PACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
TIMOTHY DANNENFELSER			JONATHAN DANNENFELSER			
Street Address 60 HARTFORD PIKE			Street Address 46 NARDOLILLO STREET			
FOSTER	State RI	^{Zip} 02825	City JOHNSTON	State RI	^{Zip} 0 2919	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	S: ("X" BOX FOR ATT	: **CACHMENT)	SPACES BEFORE USIN	I IG ATTACHMENTS	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name	4	<i>J</i>	Director Name			
Street Address			Street Address			
City	State	Zip	City	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			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			0		\$0.01	
This report must be executed this report must be executed or	on behalf of the corpo	oration by an authorize	d representative. If the co	rporation is in the hand	ls of a receiver or trustee,	
	and the corpo		or audito.			
			** *			
	בח		Under penalty of pe	rjury, I declare and affirm	that I have examined this repor atements, and that all statemen	
+ - - - - - - - - -	- U		contained herein are	true and correct.	accinents, and that all statemen	
File DateFFB 0 1	2011		1		3 (Jan)	
1 LD V 1			Signature /		Date	
Check No. By				NNENEEI SED		
1	765		TIMOTHY DANNENFELSER Print or Type Name			
By:/			PRESIDENT			
FOR SECRETARY OF STA	TE USE ONLY		Title	Alfall Standard		
		i	11110			