RI SOS Filing Number: 201174392470 Date: 02/02/2011 4:00 PM

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(c), 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(a)(2)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
12224	Tropical Restaurant Inc.			
3. Street Address Principal Business Office	341-345 Thames Street	City: Newport	State: RI	Zip: 02840
4. Business Phone No.	846-7088, 846-3781	5. State of Incorporation: Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island				

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

President Name	Jose S Salas		Vice President Name	Francisco S Salas JR	
Street Address	74 Third Beach Rd		Street Address	9 Bayview Ave.	
City: Middletown	State: RI	Zip: 02842	City: Newport	State: RI	Zip: 02840
Secretary Name	Francisco S Salas JR		Treasurer Name	Jose S Salas	
Street Address	9 Bayview Ave		Street Address	74 Third Beach Rd	
City: Newport	State: RI	Zip: 02840	City: Middletown	State: RI	Zip: 02842

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

Director Name	None		Director Name	none	
Street Address	none		Street Address	none	
City: none	State: none	Zip: none	City: none	State: none	Zip: none
Director Name	None		Director Name	none	
Street Address	None		Street Address	none	
City: None	State: none	Zip: none	City: none	State: none	Zip: none

9. SHARES AUTHORIZED

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.

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
None	None	None

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]

FILED

File Date: FEB 02 2011

Check No.:

By: BY

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Signature: [signature] Date: 1/13/11

Print or Type Name: JOSE SALAS

Title: PRESIDENT

Form 630 Rev. 06/06

58255-9-586621