



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. 102032 | | 2. Name of Corporation VIENNA COFFEE COMPANY | | | |
| 3. Street Address Principal Business Office 337 THAMES STREET | | City NEWPORT | | State RI | Zip 02840 |
| 4. Business Phone No. 401-841-1125 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island TO ESTABLISH, MAINTAIN AND OPERATE A RESTAURANT, FOOD SERVICE BUSINESS | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name PATRICIA T.L. ROBB | | | Vice President Name NONE | | |
| Street Address 25 REARDON DRIVE | | | Street Address | | |
| City MIDDLETOWN | State RI | Zip 02842 | City | State | Zip |
| Secretary Name NONE | | | Treasurer Name NONE | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name NONE | | | Director Name NONE | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name NONE | | | Director Name NONE | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 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. | | | ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED | | |
| | | | Number of Shares NONE | Class/Series | Par Value |
| | | | | | |

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.

| | |
|---------------------------------|---------------|
| VIENNA COFFEE COMPANY | |
| File Date | FILED |
| Check No. | FEB 02 2011 |
| By: | By <i>mne</i> |
| FOR SECRETARY OF STATE USE ONLY | |

29136

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] 1-17-11
Signature Date
PATRICIA T.L. ROBB
Print or Type Name
PRESIDENT
Title