



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. 144476		2. Name of Corporation Pipeline Restaurant, Inc			
3. Street Address Principal Business Office 99 Fortin Road, Unit 3J			City Kingstown	State RI	Zip 02881
4. Business Phone No. 781-727-2306		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To Own and operate a Restaurant					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Benjamin S. Wood			Vice President Name Jessica S. Wood		
Street Address 51 Petal Lane			Street Address 51 Petal Lane		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Karen Sorem Wood			Treasurer Name Thomas Wood		
Street Address 51 Petal Lane			Street Address 51 Petal Lane		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Benjamin S. Wood			Director Name Jessica S. Wood		
Street Address 51 Petal Lane			Street Address 51 Petal Lane		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name			Director Name		
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 200	Class/Series common	Par Value 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.

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

Date

Benjamin S. Wood

Print or Type Name

President

Title

File Date	FILED
Check No.	FEB 07 2011
By	4142
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