

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(e3rd)) is

subject to a penalty fee of \$25.00.					
1. Corporate ID No. 508027	2. Name of Corporation AURORA RESTAURANT, INC				
3. Street Address Principal Business Office 516 PRAIRIE AVENUE			PROVIDENCE	State RI	<i>Ζψ</i> 02905
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character RESTAURANT	of Business Conducted in Ri	bode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name YANET SUERO			CHMENT) THE IN SPACES BEFORE USING ATTACHMENTS Vice President Name PEDRO RODRIGUEZ		
Street Address 75 LYNCH STREET			Street Address 75 LYNCH STREET		
PROVIDENCE	State RI	<i>Σip</i> 0290 8	PROVIDENCE	State RI	^{Zip} 02908
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	POTE C
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name YANET SUERO			Director Name PEDRO RODRIGUEZ PEDRO RODRIGUEZ		
Street Address 75 LYNCH STREET			Street Address 75 LYNCH STREET - VA		
City PROVIDENCE Director Name	State RI	<i>Zip</i> 02908	City PROVIDENCE Director Name	State RI	Žψ 02908
Street Address			Street Address		
City	State	Zψ	City	State	Zip
9. SHARES AUTHORIZED		<u> </u>	10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION		 NT)
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
			500	STK	#0.01
This report must be executed this report must be executed.			d representative. If the corporate trustee	ation is in the hands of a	a receiver or trustee,

File Date	FILED
Check No.	FEB 22 2011
Bv:	a-137927
FOR	R SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm	that I have examined this report,
including any accompanying schedules and s	tatements, and that all statements
contained herein are true and correct.	
xyonet Sueso	01-17-11
Signafure	Date
YANET SUERO	
Print or Type Name	
PRESIDENT	

Title