RI SOS Filing Number: 201178213780 Date: 04/28/2011 1:05 PM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Amended

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.	2. Name of Corporation		
75555	SNUBS INC		
3. Street Address Principal Business Office	City	State	Zip
887 NORTH MAIN STREET	PROVIDENCE	R.I.	02904
4. Business Phone No.	5. State of Incorporation		
401-831-5890	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF A NIGHTCLUB, BAR, COCKTAIL LOUNGE, RESTAURANT, TAVERN AND OTHER EATING + DRINKING PLACES.

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

President Name	Street Address	City	State	Zip
LORRAINE A. RODERICK	887 NORTH MAIN STREET	PROVIDENCE	R.I.	02904

Vice President Name	Street Address	City	State	Zip
LORRAINE A. RODERICK	887 NORTH MAIN STREET	PROVIDENCE	R.I.	02904

Secretary Name	Street Address	City	State	Zip
LORRAINE A. RODERICK	887 NORTH MAIN STREET	PROVIDENCE	R.I.	02904

Treasurer Name	Street Address	City	State	Zip
LORRAINE A. RODERICK	887 NORTH MAIN STREET	PROVIDENCE	R.I	02904

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

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

RECEIVED
2011 APR 28 PM 1:05
SECRETARY OF STATE
CORPORATIONS DIV.

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

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] [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.

Lorraine Roderick 4-28-2011
Signature *Date*

LORRAINE RODERICK
Print or Type Name

PRESIDENT
Title

[redacted]

File Date	FILED
Check No.	
By:	APR 28 2011 1:05

FOR SECRETARY OF STATE USE ONLY

BY [redacted]

Form 630 Rev. 08/08

State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

April 28, 2011 1:05 PM

A. RALPH MOLLIS

Secretary of State

62004-1-602142