



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<br>157709                                                                                                                               |             | 2. Name of Corporation<br>NOSTALGIA, INC. |                                                                     |              |              |
| 3. Street Address Principal Business Office<br>300 Centerville Road, Suite 305, Summit West                                                                |             |                                           | City<br>Warwick                                                     | State<br>RI  | Zip<br>02886 |
| 4. Business Phone No.<br>401-737-7477                                                                                                                      |             | 5. State of Incorporation<br>RHODE ISLAND |                                                                     |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>TO OPERATE A BAR & GRILL TO SERVICE MEMBERS OF THE GENERAL PUBLIC           |             |                                           |                                                                     |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                           |                                                                     |              |              |
| President Name<br>Joseph C. Shaw                                                                                                                           |             |                                           | Vice President Name<br>Joseph C. Shaw                               |              |              |
| Street Address<br>14 Alhambra Circle                                                                                                                       |             |                                           | Street Address<br>14 Alhambra Circle                                |              |              |
| City<br>Cranston                                                                                                                                           | State<br>RI | Zip<br>02905                              | City<br>Cranston                                                    | State<br>RI  | Zip<br>02905 |
| Secretary Name<br>Joseph C. Shaw                                                                                                                           |             |                                           | Treasurer Name<br>Joseph C. Shaw                                    |              |              |
| Street Address<br>14 Alhambra Circle                                                                                                                       |             |                                           | Street Address<br>14 Alhambra Circle                                |              |              |
| City<br>Cranston                                                                                                                                           | State<br>RI | Zip<br>02905                              | City<br>Cranston                                                    | State<br>RI  | Zip<br>02905 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                           |                                                                     |              |              |
| Director Name<br>NONE                                                                                                                                      |             |                                           | Director Name                                                       |              |              |
| Street Address                                                                                                                                             |             |                                           | Street Address                                                      |              |              |
| City                                                                                                                                                       | State       | Zip                                       | City                                                                | State        | Zip          |
| 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 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.

|                                 |             |
|---------------------------------|-------------|
| <b>FILED</b>                    |             |
| File Date                       | MAY 10 2011 |
| Check No.                       | 2269 & 2280 |
| By:                             | BY          |
| FOR SECRETARY OF STATE USE ONLY |             |

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 Joseph C. Shaw Date 3/30/2011  
Print or Type Name Joseph C. Shaw  
Title President