



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 334090		2. Name of Corporation CONFRIERIE DE LA CHAINE DES ROTISSEURS BAILLIAGE DES RHODE ISLAND (Brotherhood of the Chain of Restaurateurs International Society in Rhode Island)			
3. State of Incorporation Nebraska		4. Corporate address in Rhode Island - Street Address		City	Zip
5. Foreign corporation. Enter principal office address 800 Lincoln Sq., 121 South 13th Street		City Lincoln		State Nebraska	Zip 68508
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island To organize dinners, share gastronomic information, arrange special dinner functions, socialize with other members, discuss and disseminate information regarding foods, beverages and any other lawful purpose.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Christopher Gasbarro			Vice President Name		
Street Address 98 Highland Avenue			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Secretary Name Christopher Gasbarro			Treasurer Name Kevin Papa		
Street Address 98 Highland Avenue			Street Address 144 Westminster Street		
City Seekonk	State MA	Zip 02771	City Providence	State RI	Zip 02903
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name			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. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name Robert M. Brady			Address		
Address 1 Grove Avenue			City East Providence	Zip 02914	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date JUN 01 2011
Check No. BY [Signature]
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]
Signature of Officer Christopher Gasbarro Date
Print or Type Name of Officer
President
Title of Officer