

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2012 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

| . Corporate ID No. 551446 | 2. Name of Con ILLVET CO | | | | |
|--|-----------------------------|--|--|----------------------------|-------------------------|
| Street Address Principal Business Office 224 Post Road | | | ^{City} Westerly | State RI | ^{Zip} 02891 |
| . Business Phone No. 5. State of Incorporation Rhode Island | | | | • | • |
| . Brief Description of the C Restaurant | Character of Business Condu | cted in Rhode Island | | | |
| | RESSES OF THE OFF | CERS: ("X" BOX FOR ATTA | | SPACES BEFORE USING | ATTACHMENTS |
| President Name Pasquale Illiano | | | Vice President Name Richard Vetrano, Jr. | | |
| Street Address 12 Pickering Drive | | | Street Address 6 Tuckers Run | | |
| City Westerly | State RI | ^{Zip} 02891 | City Ledyard | State CT | ^{Zip} 06339 |
| Secretary Name Valentino Scotto DiCeasre | | | Treasurer Name Michael Scotto DiCesare | | |
| Street Address 19 Pinetree Lane | | | Street Address 17 Tolland Court | | |
| Esquog | State NY | Zip | ^{City} Hauppauge | State NY | Zip |
| . NAMES AND ADD | RESSES OF THE DIR | ECTORS: ("X" BOX FOR ATT | ACHMENT) 🗍 FILL II | N SPACES BEFORE USIN | G ATTACHMENTS |
| Director Name Pasquale Illiano | | | Director Name Richard Vetrano, Jr. Street Address | | |
| Street Address | | | | | |
| 12 Pickering Drive | | | 6 Tuckers Run | | |
| City | State | Zip | City | State | Zip |
| We ⁻ /sterly | [RI | 02891 | Ledyard | CT | [06339 |
| ^{Director Name} Valentino Scotto DiCeasre | | | Director Name Michele Scotto DiCesare | | |
| Street Address 19 Pinetree Lane | | | Street Address 17 Tolland Court | | |
| Žity | State | Zip | City | State | Zip |
| Esquog | NY | \ \ | Hauppauge | NY | |
|). SHARES AUTHOR | IZED | | | ("X" BOX FOR ATTAC | _ |
| | | | | ECTION MUST BE COMPLETED | |
| 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 |
| | | | 1000 | common | no par value |
| | | 5 | | | |
| | | he corporation by an authorize ne corporation by the receiver | | corporation is in the hand | ls of a receiver or tru |
| - | | • | | | |
| | | | | | |

| | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements |
|-------------------------------|---|
| File Date | contained herein are true and correct |
| JAN 2 / 2012 Check No | Signature PASQUALE (CC1ANO |
| By: | Print or Type Name PRESIDENT |
| TORODORAMIC OF STATE ODE ORDI | Title |