



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 2012**

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. 8828		2. Name of Corporation TARA FOOD SERVICES, INCORPORATED			
3. Street Address Principal Business Office 4 BLOSSOM STREET			City WEST WARWICK	State RI	Zip 02893
4. Business Phone No. 401-822-2834		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE DISPENSING OF FOOD, OPERATING AS A RESTAURANT, AND GENERALLY TO PURCHASE OR OTHERWISE ACQUIRE RESTAURANTS AND TO OWN, HOLD, LEASE, RENT OR SELL SUCH BUSINESS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAIME CORREIA			Vice President Name HERMINIO R. CORREIA		
Street Address 4 BLOSSOM STREET			Street Address 4 BLOSSOM STREET		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Secretary Name HERMINIO R. CORREIA			Treasurer Name HERMINIO R. CORREIA		
Street Address 4 BLOSSOM STREET			Street Address 4 BLOSSOM STREET		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	CLASS A COMMON	NO PAR	90	CLASS A	NO PAR
7,500	CLASS B COMMON	NO PAR	900	CLASS B	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.

**FILED**

File Date \_\_\_\_\_

Check No. FEB 01 2012

By: cr 102227

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.

Herminio R. Correia 1/29/12  
Signature Date

HERMINIO R. CORREIA  
Print or Type Name

VICE PRESIDENT  
Title