



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

A. Ralph Molis, Secretary of
Corporations Division
148 W. River
Providence, RI 02904
401.222

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(e)), subject to a penalty fee of \$25.00.

1. Corporate ID No. 507998		2. Name of Corporation Masthead Grill & Creamery, Inc.		
3. Street Address Principal Business Office 3880 Post Road		City Warwick	State RI	Zip 02886
4. Business Phone No. 401-884-1424		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Restaurant				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Jeremiah P. Fain		Vice President Name Vickie L. Brisco		
Street Address 199 First Avenue		Street Address 80 Brook Side Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI
Secretary Name Jeremiah P. Fain		Treasurer Name Donna M. Geoffroy		
Street Address 199 First Avenue		Street Address 23 Shenandoah Road		
City East Greenwich	State RI	Zip 12818	City Warwick	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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 100	Class/Series Common	Par Value 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: FEB 03 2012
Check No.: 1908
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: _____ Date: 2/1/12
Jeremiah P. Fain
Print or Type Name
President
Title