



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. 000047757		2. Name of Corporation CASTLE LUCHEONETTE, INC.			
3. Street Address Principal Business Office 420 SOCIAL ST.			City WOONSOCKET	State RI	Zip 02895
4. Business Phone No. 401-762-5424		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 DIANE FRENETTE			Vice President Name DIANE FRENETTE		
Street Address P O BOX 454			Street Address P O BOX 454		
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830
Secretary Name DIANE FRENETTE			Treasurer Name DIANE FRENETTE		
Street Address P O BOX 454			Street Address P O BOX 454		
City HARRISVILLE	State RI	Zip 02830	City HARRISVILLE	State RI	Zip 02830
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DIANE FRENETTE			Director Name		
Street Address P O BOX 454			Street Address		
City HARRISVILLE	State RI	Zip 02830	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 600	Class/Series COMMON	Par Value NO PAR
			THIS SECTION MUST BE COMPLETED		

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.

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.

DIANE F. FRENETTE 2-8-12
Signature Date

DIANE FRENETTE

Print or Type Name

PRESIDENT

Title

FILED

File Date: FEB 09 2012

Check No. 1587

By: [Signature]

FOR SECRETARY OF STATE USE ONLY