



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000087808</b>		2. Exact name of the Corporation <b>MICRIDAN CORP.</b>		
3. Principal office address <b>285 Newport Ave.</b>		City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
4. Business Phone No.		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>To Operate a Restaurant</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
President Name <b>RICHARD L. RINALDI</b>		Vice-President Name		
Street Address <b>285 Newport Ave.</b>		Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
Director Name <b>RICHARD L. RINALDI</b>		Director Name		
Street Address <b>285 Newport Ave.</b>		Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>		<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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
		100	CNP	No Par Value

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.

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

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

**FEB 15 2012**

By

*MNC*  
*CA # 1863*

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.

*Richard L. Rinaldi*  
 Signature of Authorized Representative

*2-11-12*  
 Date

**Richard L. Rinaldi, President**

Print or Type Name of Authorized Representative