



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

A. Ralph Motha, Secretary of State
Corporations Division
149 W. Main Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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)(d)) is subject to a penalty fee of \$25.00.

| | | | |
|--|-------------|--|-------------------|
| 1. Corporate ID No. 000546449 | | 2. Name of Corporation Wind River Concessions of RI, Inc. | |
| 3. Street Address Principal Business Office 5647 Post Rd | | City East Greenwich | State RI |
| 4. Business Phone No. 315-534-6117 | | 5. State of Incorporation RI | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island Food Concessions | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| President Name DANA BENEDETTO | | Vice President Name | |
| Street Address 2903 98TH AVENUE EAST | | Street Address | |
| City PARRISH | State FL | Zip 34219 | |
| Secretary Name | | Treasurer Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| 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 | |
| Director Name | | Director Name | |
| Street Address | | Street Address | |
| City | State | Zip | |
| 9. SHARES AUTHORIZED | | | |
| 10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| ISSUED SHARES - THIS SECTION 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 100 | Par Value 1.00 |
| | | Class/Class | Par Value |
| | | No Par | |

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CORPORATIONS DIV

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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.

Dana Benedetto 1/10/12
Signature Date
DANA BENEDETTO 1/10/12
Print or Type Name
PRES
Title

File Date _____
Check No. _____
By _____
FOR SECRETARY OF STATE'S USE ONLY

FILED

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