



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

A. Ralph Motha, Secretary of State
Corporations Division
149 W. Water 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			
Number of Shares 100	Class/Par No Par	Par Value 1.00	
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.			

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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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