



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. 10577		2. Name of Corporation PDF, Inc.			
3. Street Address Principal Business Office 647 Oaklawn Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. 943-0200		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island eating places, fast food					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Norma Ann DiFanti			Vice President Name Anthony R. DiFanti		
Street Address 647 Oaklawn Avenue			Street Address 647 Oaklawn Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Anthony R. DiFanti			Treasurer Name Norma Ann DiFanti		
Street Address 647 Oaklawn Avenue			Street Address 647 Oaklawn Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paul DiFanti			Director Name Norma Ann DiFanti		
Street Address 647 Oaklawn Avenue			Street Address 647 Oaklawn Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name Anthony R. DiFanti			Director Name		
Street Address 647 Oaklawn Avenue			Street Address		
City Cranston	State RI	Zip 02920	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 120	Class/Series common	Par Value none

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: _____ **BY**

FOR SECRETARY OF STATE USE ONLY

FILED
MAR 12 2012
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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.

Norma Ann DiFanti 2/22/2012
Signature Date

Norma Ann DiFanti

Print or Type Name

President

Title