



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. 59481		2. Exact name of the Corporation ISLAND ENTERTAINMENT, INC.			
3. Principal office address 2010 Mineral Spring Avenue		City North Providence	State RI	Zip 02911	
4. Business Phone No. (401) 232-1300		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island OPERATE A RESTAURANT, TAVERN, INN AND ENTERTAINMENT BUSINESS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT					
President Name Frank DiBiase, Jr.			Vice-President Name Frank DiBiase, Jr.		
Street Address 40 Maplecrest Avenue			Street Address 40 Maplecrest Avenue		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Frank DiBiase, Jr.			Treasurer Name Frank DiBiase, Jr.		
Street Address 40 Maplecrest Avenue			Street Address 40 Maplecrest Avenue		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	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		
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
			500	common	no par

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: _____
Checked: _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

02/02/2012

Signature of Authorized Representative

Date

Frank DiBiase, Jr.

Print or Type Name of Authorized Representative

FILED
MAR 28 2012

167458