



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** 2010

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>70208</b>		2. Exact name of the Corporation <b>Scharnhorst, Inc.</b>		
3. Principal office address <b>22 Lafayette Drive</b>		City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
4. Business Phone No. <b>401-569-7116</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Night club</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>Richard McCabe</b>		Vice-President Name <b>William Deyesse</b>		
Street Address <b>51 Mill Street, Bldg. F</b>		Street Address <b>51 Mill Street, Bldg. F</b>		
City <b>Hanover</b>	State <b>MA</b>	Zip <b>02339</b>	City <b>Hanover</b>	State <b>MA</b>
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>Nando S-stilio</b>		Director Name <b>William Deyesse</b>		
Street Address <b>10 Beecher Place</b>		Street Address <b>51 Mill Street, Bldg. F</b>		
City <b>Newton</b>	State <b>MA</b>	Zip <b>02159</b>	City <b>Hanover</b>	State <b>MA</b>
Director Name <b>Richard McCabe</b>		Director Name		
Street Address <b>51 Mill Street Bldg. F</b>		Street Address		
City <b>Hanover</b>	State <b>MA</b>	Zip <b>02339</b>	City	State
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		<b>10,800</b>	<b>no par/common</b>	<b>0</b>

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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.

File Date: **FILED**  
 Check No: **MAY 02 2012 10:51**  
 By: **169982**  
**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.  
 Signature of Authorized Representative: **Ronald Krupinski** Date: **5/2/12**  
 Print or Type Name of Authorized Representative: **Ronald Krupinski**