

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2012 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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.			-yy	(10.00.00)	
1. Corporate ID No. 154387	2. Name of Corp NATI, INC	2. Name of Corporation NATI, INC				
3. Street Address Principal Business Office 16 GANSETT AVE			CRANSTON	State RI	^{Zip} 02920	
4. Business Phone No. 5. State of Incorporation RI						
6. Brief Description of the Cha RESTAURANT & BAF	₹ '					
	ESSES OF THE OFFI	CERS: ("X" BOX FOR ATTA	_	SPACES BEFORE USING	ATTACHMENTS	
JOSE N RUIZ			Vice President Name JOSE N RUIZ			
Street Address 1208 PARK AVE			Street Address SAME			
CRANSTON	State RI	^{Ζiρ} 02910	City	State	Zip	
Secretary Name JOSE N RUIZ			Treasurer Name JOSE N RUIZ			
Street Address			Street Address			
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City.	State	Zip	City	State	2 Zup 00 C	
	ESSES OF THE DIRE	CTORS: ("X" BOX FOR AT	TACHMENT) 🗍 FILL II	N SPACES BEFORE USING	G APTACHMENTS	
JOSE N RUIZ			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	₩ ?	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zф	
9. SHARES AUTHORIZ	ŒD	1		("X" BOX FOR ATTACE	IMENT)	
			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			Number of Shares 100	Class/Series COMMON	.01	
instruction sheet.						
This report must be exc	ecuted on behalf of the	ne corporation by an authorize	ed representative. If the	corporation is in the bands	s of a receiver or trustee	
		e corporation by the receiver		<u> </u>		
		FILED				
			Under penalty of	perjury. I declare and affirm to ompanying schedules and sta	hat I have examined this repo	
		JUN 0 4 201	contained herein a	ompanying schedules and state true and correct.		
File Date		By ^\\ \(()	Maso	A) Rus	01-03-21	
Check No.			Signature	w_nwe	Date	
		ー - レ)			
Ву:			Print or Type Name JOSE N RUIZ			
FOR SECRETARY OF STATE USE ONLY				JIL.		
			Title			