



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 2013

**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.<br>43122   |             | 2. Name of Corporation<br>RAHEB RESTAURANT, INC |   |                        |                           |
| 3. Street Address Principal Business Office<br>C/O Joseph Raheb, Esq., 650 Washington Hwy.   |             |   | City<br>Lincoln   | State<br>RI            | Zip<br>02865              |
| 4. Business Phone No.<br>(401) 333-3377  |             | 5. State of Incorporation<br>RHODE ISLAND       |   |                        |                           |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Operation of a restaurant   |             |   |   |                        |                           |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |   |   |                        |                           |
| President Name<br>Gregory A. Raheb   |             |   | Vice President Name<br>Gregory A. Raheb                             |                        |                           |
| Street Address<br>535 Dexter Street  |             |   | Street Address<br>535 Dexter Street                                 |                        |                           |
| City<br>Central Falls  | State<br>RI | Zip   | City<br>Central Falls   | State<br>RI            | Zip                       |
| Secretary Name<br>Gregory A. Raheb   |             |   | Treasurer Name<br>Gregory A. Raheb                                  |                        |                           |
| Street Address<br>535 Dexter Street  |             |   | Street Address<br>535 Dexter Street                                 |                        |                           |
| City<br>Central Falls  | State<br>RI | Zip<br>02863                                    | City<br>Central Falls   | State<br>RI            | Zip<br>02863              |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |   |   |                        |                           |
| Director Name<br>Gregory A. Raheb  |             |   | Director Name   |                        |                           |
| Street Address<br>535 Dexter Street  |             |   | Street Address  |                        |                           |
| City<br>Central Falls  | State<br>RI | Zip<br>02863                                    | 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) <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 <u>MUST</u> BE COMPLETED               |                        |                           |
|  |             |   | Number of Shares<br>300   | Class/Series<br>Common | Par Value<br>No Par Value |
|  |             |   |   |                        |                           |

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: _____                       |
| FOR SECRETARY OF STATE USE ONLY |

FILED 1145

FEB 26 2013

BY 191093

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 Gregory A. Raheb Date 2/15/2013  
Print or Type Name  
President  
Title