



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 2013

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. 119055		2. Exact name of the Corporation PJ'S DINER			
3. Principal office address 608 TIOGUE AVE			City COVENTRY	State RI	Zip 02816
4. Business Phone No. 823-7850			5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island RESTAURANT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name PAMELA DiMICCO			Vice-President Name		
Street Address 608 TIOGUE AVE			Street Address Same		
City COVENTRY	State RI	Zip 02816	City	State	Zip
Secretary Name			Treasurer Name		
Street Address SAME			Street Address Same		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			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) <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
			1000		0.50

2013 APR - 8 AM
 SECRETARY OF STATE
 CORPORATIONS DIV

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
APR 08 2013
CN 194654

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.

PAMELA DiMICCO **4-8-13**
 Signature of Authorized Representative Date

PAMELA DiMICCO
 Print or Type Name of Authorized Representative