



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
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 DiMiccio		Vice-President Name	
Street Address 608 TIOGUE AVE		Street Address Same	
City COVENTRY	State RI	City	State
Zip 02816		Zip	
Secretary Name		Treasurer Name	
Street Address Same		Street Address Same	
City	State	City	State
Zip		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	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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 1000	CLASS/SERIES PAR VALUE 0.05

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 DiMiccio* 4-8-13  
Signature of Authorized Representative Date  
PAMELA DiMiccio  
Print or Type Name of Authorized Representative