

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.	2. Exact na	me of the Corporation			. 	ACITICE.
9330	SCITUATE FAMOUS, INC.					
3. Principal office address 192 HARTFORD PIKE			City NORTH SCITUA	ATE	State RI	Zip 02857
4. Business Phone No. 401-934-0963			5. State of Incorporation RHODE ISLAND			
6. Brief description of the chara RESTAURANT BUSIN		s conducted in Rhode Islan	d			
President Name RICHARD LANG			Vice-President Name RICHARD LANG			
Street Address 92 HARTFORD PIKE			Street Address 92 HARTFORD PIKE			
City NORTH SCITUATE	State RI	Zip 02857	City NORTH SCITUATE State RI			Zip 02857
Secretary Name RICHARD LANG			Treasurer Name RICHARD LANG			
Street Address 92 HARTFORD PIKE			Street Address 92 HARTFORD PIKE			
NORTH SCITUATE	State RI	Zip 02857	City State RI			Zip 02857
			1000			79 7
Director Name NONE			Director Name	A STATE OF THE STA	THE PROPERTY OF THE PROPERTY O	
Street Address			Street Address	 _		
City	State	Zip	City	<u></u>	State	Zip
Director Name			Director Name		.1	
Street Address			Street Address			
City	State	Zip	City Sta		State	Zip
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	The state of the s		MANAGER OF STREET			
his information is currently of record in the Office of the Secretary			NUMBER OF SHARES CLASS/SERIES		ERIES	PAR VALUE
State. Changes require an additional filing. see Section 9 of instruction sheet.		500	С	OMMON	NO PAR	
This report must be executed o	n behalf of the	corporation by an authorize at be executed on behalf of	d representative. If the d	corporation	is in the hands	of a receiver or trustee



FILED

JUN 21 2013

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

RICHARD LANG

Print or Type Name of Authorized Representative

Form No. 630 Revised: 01/2012

By_MMC) A) # 3230