



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 2014

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. <u>000125336</u>		2. Exact name of the Corporation <u>STEAK N SHAKE OPERATIONS, INC.</u>								
3. Principal office address <u>36 S. PENNSYLVANIA ST</u>		City <u>INDIANAPOLIS</u>	State <u>IN</u>	Zip <u>46204</u>						
4. Business Phone No. <u>317-633-4100</u>		5. State of Incorporation <u>INDIANA</u>								
6. Brief description of the character of business conducted in Rhode Island <u>RESTAURANTS</u>										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name <u>SARDAR BIGLARI</u>			Vice-President Name							
Street Address <u>36 S. PENNSYLVANIA ST</u>			Street Address							
City <u>INDIANAPOLIS</u>	State <u>IN</u>	Zip <u>46204</u>	City	State	Zip					
Secretary Name <u>BARRY PAKTE</u>			Treasurer Name <u>DUANE GEIGER</u>							
Street Address <u>36 S. PENNSYLVANIA ST</u>			Street Address <u>36 S. PENNSYLVANIA ST</u>							
City <u>INDIANAPOLIS</u>	State <u>IN</u>	Zip <u>46204</u>	City <u>INDIANAPOLIS</u>	State <u>IN</u>	Zip <u>46204</u>					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name <u>SARDAR BIGLARI</u>			Director Name							
Street Address <u>36 S. PENNSYLVANIA ST</u>			Street Address							
City <u>INDIANAPOLIS</u>	State <u>IN</u>	Zip <u>46204</u>	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		
						<u>1000</u>	<u>CNP</u>	<u>0</u>		
<u>1000</u>	<u>CNP</u>	<u>0</u>								

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: _____

FILED

DEC 12 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

Date

12/15/13

DUANE GEIGER
Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY: 00001805