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.	2. Exact name of the Corporation
147773	Beacon Diner, Inc.

3. Principal office address	City	State	Zip
384 Devil's Foot Road	North Kingstown	RI	02852

4. Business Phone No.	5. State of Incorporation
401-884-9807	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Own/Operate a Restaurant Business

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Vernon Knott	384 Devil's Foot Road	North Kingstown	RI	02852

Vice-President Name	Street Address	City	State	Zip
Judy Harris	244 South Main Street	Coventry	RI	2816

Secretary Name	Street Address	City	State	Zip
Judy Harris	244 South Main Street	Coventry	RI	02816

Treasurer Name	Street Address	City	State	Zip
Vernon Knott	384 Devil's Foot Road	North Kingstown	RI	02852

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Vernon Knott	384 Devil's Foot Road	North Kingstown	RI	02852

Director Name	Street Address	City	State	Zip
Judy Harris	244 South Main Street	Coventry	RI	02816

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	STK	$1.00

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: _____ **BY**
FOR SECRETARY OF STATE USE ONLY

FILED
JAN 13 2014
2745

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.

Vernon Knott — 1-9-14
Signature of Authorized Representative — Date

~~Vernon~~ Knott
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012