RI SOS Filing Number: 201434526720 Date: 01/29/2014 4:00 PM

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		
000506263	Village Restaurant Inc.		
3. Principal office address: 200 Main St	City: Pawt	State: RI	Zip: 02860
4. Business Phone No.	5. State of Incorporation: R.I.		
6. Brief description of the character of business conducted in Rhode Island: Restaurant + Bar			

President Name: Oluwatoyin Wilcox	Vice-President Name
Street Address: 197 Sunbury St	Street Address
City: Prov State: RI Zip: 02908	City: N/A State: Zip:
Secretary Name	Treasurer Name
Street Address	Street Address
City: State: Zip:	City: State: Zip:

Director Name	Director Name
Street Address	Street Address
City: N/A State: Zip:	City: N/A State: Zip:
Director Name	Director Name
Street Address	Street Address
City: State: Zip:	City: State: Zip:

SHARES AUTHORIZED — **SHARES ISSUED (X BOX FOR ATTACHMENT)**

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1		0

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.

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.

[redacted]

FILED
JAN 29 2014
1430

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: 1/25/14

Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

102177-46-932420