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
54966	**PETER'S CONEY ISLAND SYSTEM INC.**

3. Principal office address	City	State	Zip
2298 West Shore Road	**Warwick**	**RI**	**02889**

4. Business Phone No.	5. State of Incorporation
(401) 732-6499	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
Restaurant

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

President Name	Street Address	City	State	Zip
Peter A. Stevens	**99 Priscilla Avenue**	**Warwick**	**RI**	**02889**

Vice-President Name	Street Address	City	State	Zip
Robin L. Stevens	**99 Priscilla Avenue**	**Warwick**	**RI**	**02889**

Secretary Name	Street Address	City	State	Zip
Robin L. Stevens	**99 Priscilla Avenue**	**Warwick**	**RI**	**02889**

Treasurer Name	Street Address	City	State	Zip
Peter A. Stevens	**99 Priscilla Avenue**	**Warwick**	**RI**	**02889**

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

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
600	Common	No Par Value

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
FEB 11 2014
BY 3380

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.

Peter A Stevens 2/10/14
Signature of Authorized Representative Date

Peter A. Stevens, President & CEO
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012