RI SOS Filing Number: 201436739100 Date: 03/03/2014 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
40452	TWEET'S FAMILY RESTAURANT, INC.

3. Principal office address	City	State	Zip
180 Mt. Hope Avenue	Bristol	RI	02809

4. Business Phone No.	5. State of Incorporation
(401) 253-9811	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
OPERATION OF RESTAURANT

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

President Name	Street Address	City	State	Zip
Mildred Balzano	60 DeWolf Avenue	Bristol	RI	02809

Vice-President Name	Street Address	City	State	Zip
John A. Balzano	205 Metacom Avenue	Bristol	RI	02809

Secretary Name	Street Address	City	State	Zip
Mildred Balzano	60 DeWolf Avenue	Bristol	RI	02809

Treasurer Name	Street Address	City	State	Zip
Mildred Balzano	60 DeWolf Avenue	Bristol	RI	02809

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

Director Name	Street Address	City	State	Zip
Mildred Balzano	60 DeWolf Avenue	Bristol	RI	02809

Director Name	Street Address	City	State	Zip
John A. Balzano	205 Metacom Avenue	Bristol	RI	02809

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

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
100	Common	No Par

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.

FILED

File Date _____

Check No _____ MAR [illegible] 2014

By: _____ BY [illegible]

FOR SECRETARY OF STATE USE ONLY

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.

Mildred Balzano 2/26/14
Signature of Authorized Representative Date

Mildred Balzano
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
103529-113-950570