

6. Brief Description of the Character of Business Conducted in Rhode Island

3. Street Address Principal Business Office 49 Ashburton Street

Amusement and Billiards Parlor

4. Business Phone No.

(401) 351-7665

2. Name of Corporation Snookers, Inc.

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Ζip

02904

RI

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

5. State of Incorporation

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS

Rhode Island

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00. 1. Corporate ID No. 56034

City Providence

President Name			Vice President Name		
Stephen Goulding  Street Address			Regina Goulding		
49 Ashburton Street			Street Address 49 Ashburton Street		
City Providence	State RI	<sup>Zip</sup> 02904	City Providence	State RI	<sup>Zip</sup> 02904
Secretary Name Regina Goulding			Treasurer Name Stephen Goulding		
Street Address 49 Ashburton Street			Street Address 49 Ashburton Street		
City Providence	State RI	<sup>Zip</sup> 02904	City Providence	State RI	Zip 02904
8. NAMES AND ADDRESSES  Director Name	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT)  FILL IN SPACE	CES BEFORE USING AT	TACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City:	State	Zip
9. SHARES AUTHORIZED	 		10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION I		NT)
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
			4,000	Common	No Par
This report must be executed of this report must be executed or	on behalf of the corpor n behalf of the corpor	ration by an authorized ation by the receiver o	d representative. If the corpora τ trustee.	tion is in the hands of a	receiver or trustee,
File Date  Check No.  By:  FOR SECRETARY OF STATE	E-USE ONLY	1-1LE MAR 0 5 4606	$\wedge$	ing schedules and statemer and correct.	nave examined this report, and that all statements