

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

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015 Filing Period: January 1 - March 1 - This report must be typed or printed legibly

ALL OFFICERS (Nont Name neth Rianna Address edar Swamp Rochfield ary Name A. Romano	naracter of business Food Restaura AMES AND ADDR Dad, Unit 1 State Ri	s conducted in Rhode Island	Vice-President Name Robert K. Rian Street Address 50 Cedar Swam City Smithfield	na	Zip 02917	
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	ad, Unit 1		Treasurer Name Julie A. Romano			
· · · · · · · · · · · · · · · · · · ·	Street Address 50 Cedar Swamp Road, Unit 1			Street Address 50 Cedar Swamp Road, Unit 1		
thfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917	
ALL DIRECTORS (NAMES AND ADD	RESSES) ("X" BOX FOR /	ATTACHMENT)			
Name neth Rianna			Director Name Robert K. Rian	na		
Street Address 50 Cedar Swamp Road, Unit 1			Street Address 50 Cedar Swamp Road, Unit 1			
hfield	State RI	Zip 02917	City State RI		Zip 02917	
Name			Director Name			
ddress			Street Address	· · · · · · · · · · · · · · · · · · ·		
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RES AUTHORIZED	arada, digerta		10. SHARES ISSUEI	("X" BOX FOR ATTAC	HMENT)	
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of State. Changes require an additional filing.			1000	Common	No Par	
port must be execute	ed on behalf of the o this report mus	corporation by an authorize st be executed on behalf of	the corporation by the r	eceiver or trustee.		
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			- Joseph W.	ized Representative	Date	
ormation is current Changes require a Stion 9 of instruction	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 authorize this report must be executed on behalf of File Date Check No By:			CLASS/SERIES Common corporation is in the hand receiver or trustee. erjury, I declare and affing any accompanying sents contained herein a	s of a re	

FOR SECRETARY OF STATE USE ONLY Form No. 630

Revised: 01/2012

Robert K. Rianna

MAR 0 6 2315 Print or Type Name of Authorized Representative