



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 2016

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. 000125336		2. Exact name of the Corporation Steak n Shake Operations, Inc.			
3. Principal office address 107 S. Pennsylvania St. #400			City Indianapolis	State IN	Zip 46204
4. Business Phone No. 317-633-4100			5. State of Incorporation Indiana		
6. Brief description of the character of business conducted in Rhode Island Restaurants					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Sardar Biglari			Vice-President Name Duane Geiger		
Street Address 107 S. Pennsylvania St. #400			Street Address 107 S. Pennsylvania St. #400		
City Indianapolis	State IN	Zip 46204	City Indianapolis	State IN	Zip 46204
Secretary Name Barry Paige			Treasurer Name		
Street Address 107 S. Pennsylvania St. #400			Street Address		
City Indianapolis	State IN	Zip 46204	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Sardar Biglari			Director Name		
Street Address 107 S. Pennsylvania St. #400			Street Address		
City Indianapolis	State IN	Zip 46204	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			1000	CNP	0

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

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] _____ **2/12/16**
 Signature of Authorized Representative Date

DUANE GEIGER
 Print or Type Name of Authorized Representative

FILED

FEB 16 2016

[Handwritten initials]