



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. 48048		2. Exact name of the Corporation Breakfast Nook, II, Inc.			
3. Principal office address 575 Kingston Road		City South Kingston	State RI	Zip 02879	
4. Business Phone No. (401) 783-1555		5. State of Incorporation 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) <input type="checkbox"/>					
President Name Richard Seddon			Vice-President Name Richard Seddon		
Street Address 196 Spencer Woods Drive			Street Address 196 Spencer Woods Drive		
City Cranston	State RI	Zip 02818	City Cranston	State RI	Zip 02818
Secretary Name Dianna M. Seddon			Treasurer Name Dianna M. Seddon		
Street Address 196 Spencer Woods Drive			Street Address 196 Spencer Woods Drive		
City Cranston	State RI	Zip 02818	City Cranston	State RI	Zip 02818
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
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" 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
			1,000		0

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 CORPORATIONS DIV.
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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: _____

FILED

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] 7-31-16
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY JUL 08 2016

Richard Seddon
 Print or Type Name of Authorized Representative

By 4278575