

Check No.

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. 109601 Coastal View, Inc. 3. Street Address Principal Business Office State Zip 198 THAMES STREET BRISTOL RI 02809-4. Business Phone No. 5. State of Incorporation 6. SIC Code 4012532012 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island FOR THE SERVICES OF MEALS AND ALCOHOLIC BEVERAGES. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS ... President Name Vice President Name Michael Ferreira .Steven Ferreira Street Address Street Address 198 Thames Street East 198 Thames Street East City State City Zip Zip Bristol RI Bristol 02809 RI 02809 Secretary Name Treasurer Name Steven Ferreira Michael Ferreira Street Address Street Address 198 Thames Street East . 198 Thames Street East City State City State Zip .Zip Bristol RТ 02809 Bristol 02809 9. NAMES AND ADDRESSES OF THE DIRECTORS: "X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None Street Address . Street Address State Zip · City Director Name Director Name Street Address Street Address Ĉity Zip Zip State 10. SHARES AUTHORIZED T'X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 NO PAR VALUE Common 1,000 No Par Value This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 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. *109601 DBC 01/28/05 02:41:10 PM* 2-24-05 File Date

Michael Ferreira
Print or Type Name of Officer

President



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

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Corporations Division 100 North Main Stree Providence, RI 02903-1335 401.222.3040

PR	RC	F	ľ	Г	CORP	ORA	ATION	AN	NUAI	REI	PORT	FOR	THE	YEAR	
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Filing Period: January 1 (FORM MUST BE TYPED OR P.	- March 1 •	NNUAL REPO Filing Fee: \$50.00	RT FOR THE YEA	AR200	4			
1. Corporate ID No.	2 Name of Corpo	ration						
109601	Coastal Vie		V # = ±					
3. Street Address Principal Busine 198 THAMES S			City BRISTOL	State RI	^{Zip} 02809			
4. Business Phone No. 401-253-2012	<u> </u>	5. State of Incorporation			6. SIC Code			
7. Brief Description of the Character	er of Business Conducto	RHODE ISLANI ed in Rhode Island	D					
8. NAMES AND ADDRESS		COHOLIC BEVERAGES.						
President Name MICHAEL FERRIE		Ens: (A BOX FOR AT	Vice President Name STEVEN FERRI	spaces before using ERA	G ATTACHMENTS			
Street Address 198 THAMES STF	REET EAST		Street Address					
City Secretary Name STEVEN FERRIES	State	Zih NANNA	Treasurer Name MICHAEL FERR					
Street Address 198 THAMES STE	REET EAST		Street Address 198 THAMES STREET EAST					
City BRISTOL	State RI	^{Zip} 02809	City BRISTOL	State RI	^{Zip} 02809			
9. NAMES AND ADDRESSI Director Name	ES OF THE DIREC	TORS: ("X" BOX FOR A	TTACHMENT)	N SPACES BEFORE USIN	NG ATTACHMENTS			
Street Address			Street Address	····				
City	State	Zip	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
Сйу	State	Zip	City	State	Zip			
10. SHARES AUTHORIZEL AUTHORIZED SHARES	 ("X" BOX FOR .	 ATTACHMENT) [11. SHARES ISSUED ("X" BOX FOR ATTACH.	MENT)			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value			
1,000 NO PAR VALUE			1,000	COMMON	NONE			
This report must be	e signed in ink by	either the President, Vice	President, Secretary, Assistan	nt Secretary, Treasurer, I	Receiver or Trustee			
		1 0.35 1 0.1 61 0						
			Under penalty of per	jury, I declare and affirm th	at I have examined this r			
3 ()	1-0-9-6-0	-1 *		panying schedules and state				
File Date	<u> </u>		Theren !	1 Ferreira	3-5-04			
Check No. 12 (00		Signature of Office STEVEN F	ERRETPA	Date			
		— ı	DIEVEN F.	HALUAN				

Print or Type Name of Officer VICE PRESIDENT



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation Coastal View, Inc. 3. Street Address Principal Business Office City State Zio RΙ 02809 BRISTOL 198 THAMES STREET E. 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-253-2012 **RHODE ISLAND** 0 7. Brief Description of the Character of Business Conducted in Rhode Island SERVICE OF MEALS AND ALCOHOLIC BEVERAGES 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name STEVEN FERREIRA MICHAEL FERREIRA Street Address 198 THAMES STREET E THAMES STREET E City City State 02809 02809 BRISTOL RI RI BRISTOL Secretary Name Treasurer Name STEVEN FERREIRA MICHAEL FERREIRA Street Address 198 THAMES STREET E 198 THAMES STREET E City State State BRISTOL RI 02809 02809 BRISTOL RT 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State City State ZipDirector Name Director Name Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value COMMON NONE 1,000 NO PAR VALUE 1,000

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 0 9 6 0 1 *
File Date:	2/24/13
Check No.:	//370
Ву:	80h
FOR SECRETARY C	F 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.

MICHAEL FERREIRA

Print or Type Name of Officer
PRESIDENT

Title of Officer

Form 630 12/02



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN	I BLACK)				
1. Corporate ID No.	2. Name of Corpor	ation			<u> </u>
109601	Coastal Vie	w, Inc.			
3. Street Address Principal Bus	siness Office	•	City	State	Zip
198 Thames	s Street E	5. State of Incorporati	Bristol	RI	02809 6. SIC Code
401-253-20 7. Brief Description of the Cha		RHODE ISLA in Rhode Island	ND		0
8. NAMES AND ADD President Name	RESSES OF THE OFF	For th ICERS ("X" BOX FOR AT	e service of me FACHMENT) FILLIN SPAC Vice President Name	eals & alcohol Es before using atta	ic beverages <mark>снмемтs</mark>
Michael Feri	reira	** · ·	Steven Fer:	reira	
198 Thames S	Street E	Zip	198 Thames	Street E	Zip
Bristol Secretary Name	RI	02809	Bristol Treasurer Name	RI	02809
Steven Ferre	eira		Michael Fer	rreira	
198 Thames S	Street E		198 Thames	Street E	
City	State	Zip	City	State	Zip
Bristol	RI	02809	Bristol	RI	02809
9. NAMES AND ADDI	RESSES OF THE DIR	ECTORS ("X" BOX FOR A	Director Name	ACES BEFORE USING ATT	
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		e de la companya de l	Director Name	e e e	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI AUTHORIZED SHARES	ZED ("X" BOX FOR ATTA	СНМЕПТ)	11. SHARES ISSUED ISSUED SHARES) ("X" BOX FOR ATTACHMEN	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		• • • • • • • • • • • • • • • • • • • •	1,000	Common	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 214102

Check No.: 10174

By: 48

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.

Michael Teneria

1/38/02 Date

Michael Ferreira
Print or Type Name of Officer

President

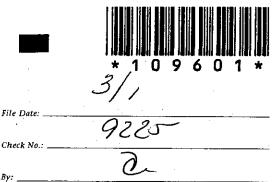
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP PLEASE READ INSTRUCTIONS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No 2. Name of Corporation Coastal Vi 109601 3. Street Address Principal Business Office City State Zip 198 Thames Street E Bristol 02809 4. Business Phone No. 6. SIC Code State of Incorporation RHODE ÍSLAND 401-253-0240 7. Brief Description of the Character of Business Conducted in Rhode Island For the services of meals and alcoholic beverages and any other lawful purposes. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Michael Ferreira Steven Ferreira Street Address 198 Thames Street E 198 Thames Street E City City State Zip Bristol 02809 Bristol RI 02809 Secretary Name Treasurer Name Steven Ferreira Michael Ferreira Street Address Street Address 198 Thames Street E 198 Thames Street E State Bristol RT02809 Bristol RI 02809 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City Zip City Director Name Director Name Street Address Street Address State Zio City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 NO PAR VALUE 1,000 Common None

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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.

michael	Leneis	2/27/01
Signature of Officer		Date 3
MICHAEL	FEDDGIRA	**************************************

Print or Type Name of Officer

PRESIDENT



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 109601 Coastal View, Inc. 3. Street Address Principal Business Office City Zip 198 Thames Street E Bristol RI 02809 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401-253-0240 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island for the services of meals and alcoholic beverages and any other lawful purposes. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Michael Ferreira Steven Ferreira Street Address Street Address 198 THames Street E 198 Thames Street E State ^{Zip} 02809 Bristol RI02809 Bristol RI Secretary Name Treasurer Name Steven Ferreira Michael Ferreira Street Address 198 Thames Street E 198 Thames Street E City City Bristol RI 02809 Bristol RI 02809 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City City State ZipDirector Name Director Name Street Address Street Address City Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 NO PAR VALUE 1,000

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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.

Common

None

michael Feneria	1/24/00
Signature of Officer	Date
Michael Ferreira	

Print or Type Name of Officer

President