



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 109601		2. Name of Corporation Coastal View, Inc.			
3. Street Address Principal Business Office 198 THAMES STREET		E	City BRISTOL	State RI	Zip 02809-
4. Business Phone No. 4012532012		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Ferreira			Vice President Name Steven Ferreira		
Street Address 198 Thames Street East			Street Address 198 Thames Street East		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Steven Ferreira			Treasurer Name Michael Ferreira		
Street Address 198 Thames Street East			Street Address 198 Thames Street East		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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	No Par Value

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

109601 DBC 01/28/05 02:41:10 PM

File Date 2-24-05

Check No. 936

By: [Signature]

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 Ferreira 2/17/05
Signature of Officer Date

Michael Ferreira

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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

Matthew A. Brown, Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 109601		2. Name of Corporation Coastal View, Inc.			
3. Street Address Principal Business Office 198 THAMES STREET EAST		City BRISTOL	State RI	Zip 02809	
4. Business Phone No. 401-253-2012		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL FERRIERA			Vice President Name STEVEN FERRIERA		
Street Address 198 THAMES STREET EAST			Street Address 198 THAMES STREET EAST		
City BRISTOL			City BRISTOL		
State RI			State RI		
Zip 02809			Zip 02809		
Secretary Name STEVEN FERRIERA			Treasurer Name MICHAEL FERREIRA		
Street Address 198 THAMES STREET EAST			Street Address 198 THAMES STREET EAST		
City BRISTOL			City BRISTOL		
State RI			State RI		
Zip 02809			Zip 02809		
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		
Director Name			Director Name		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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

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 3-8-04

Check No. 12620

By: 1CP

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 of Officer Steven J. Ferreira 3-5-04
Date

STEVEN FERREIRA

Print or Type Name of Officer

VICE PRESIDENT

Title of Officer



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

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

109601

Coastal View, Inc.

3. Street Address Principal Business Office

198 THAMES STREET E.

City

BRISTOL

State

RI

Zip

02809

4. Business Phone No.

401-253-2012

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

President Name

MICHAEL FERREIRA

Vice President Name

STEVEN FERREIRA

Street Address

198 THAMES STREET E

Street Address

198 THAMES STREET E

City

BRISTOL

State

RI

Zip

02809

City

BRISTOL

State

RI

Zip

02809

Secretary Name

STEVEN FERREIRA

Treasurer Name

MICHAEL FERREIRA

Street Address

198 THAMES STREET E

Street Address

198 THAMES STREET E

City

BRISTOL

State

RI

Zip

02809

City

BRISTOL

State

RI

Zip

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

State

Zip

City

State

Zip

Director 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

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



* 1 0 9 6 0 1 *

File Date: 2/24/03

Check No.: 11370

By: [Signature]

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 of Officer

MICHAEL FERREIRA

Print or Type Name of Officer

PRESIDENT

Title of Officer



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

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 BLACK)

1. Corporate ID No. **109601** 2. Name of Corporation **Coastal View, Inc.**
3. Street Address Principal Business Office **198 Thames Street E** City **Bristol** State **RI** Zip **02809**
4. Business Phone No. **401-253-2012** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**
7. Brief Description of the Character of Business Conducted in Rhode Island

For the service of meals & alcoholic beverages

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

President Name Michael Ferreira Street Address 198 Thames Street E City Bristol State RI Zip 02809 Secretary Name Steven Ferreira Street Address 198 Thames Street E City Bristol State RI Zip 02809	Vice President Name Steven Ferreira Street Address 198 Thames Street E City Bristol State RI Zip 02809 Treasurer Name Michael Ferreira Street Address 198 Thames Street E City Bristol State RI Zip 02809
---	--

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Street Address City State Zip	Director Name Street Address City State Zip
---	---

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	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



* 1 0 9 6 0 1 *

File Date: 2/4/02

Check No.: 10174

By: Michael Ferreira

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 of Officer

Date

Michael Ferreira

Print or Type Name of Officer

President

Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **109601** 2. Name of Corporation
Coastal View, Inc.

3. Street Address Principal Business Office
198 Thames Street E

City State Zip
Bristol RI 02809

4. Business Phone No.
401-253-0240

5. State of Incorporation
RHODE ISLAND

6. SIC Code
0

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
Michael Ferreira
Street Address
198 Thames Street E

Vice President Name
Steven Ferreira
Street Address
198 Thames Street E

City State Zip
Bristol RI 02809

City State Zip
Bristol RI 02809

Secretary Name
Steven Ferreira

Treasurer Name
Michael Ferreira

Street Address
198 Thames Street E

Street Address
198 Thames Street E

City State Zip
Bristol RI 02809

City State Zip
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 State Zip

City State Zip

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

1,000 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series 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.



* 1 0 9 6 0 1 *

3/1

File Date: **9225**

Check No.: **2**

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 of Officer **Michael Ferreira** Date **2/27/01**

Print or Type Name of Officer
MICHAEL FERREIRA

Title of Officer
PRESIDENT



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

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

198 Thames Street E

City

Bristol

State

RI

Zip

02809

4. Business Phone No.

401-253-0240

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

Michael Ferreira

Vice President Name

Steven Ferreira

Street Address

198 THames Street E

Street Address

198 Thames Street E

City

Bristol

State

RI

Zip

02809

City

Bristol

State

RI

Zip

02809

Secretary Name

Steven Ferreira

Treasurer Name

Michael Ferreira

Street Address

198 Thames Street E

Street Address

198 Thames Street E

City

Bristol

State

RI

Zip

02809

City

Bristol

State

RI

Zip

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

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

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



* 1 0 9 6 0 1 *

File Date:

1-26-00

Check No.:

8198

By:

AMF

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 of Officer

Michael Ferreira

Print or Type Name of Officer

President

Title of Officer

1/24/00
Date