



Office of the Secretary of State  
Matthew A. Brown, Secretary of State

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 OR PRINTED IN BLACK)

|   |  |  |              |                     |              |
|---|--|--|--------------|---------------------|--------------|
| 1. Corporate ID No.<br>3710                                     |  | 2. Name of Corporation<br>CARRIE'S FAMILY RESTAURANT, INC. |              |                     |              |
| 3. Street Address Principal Business Office<br>1035 Douglas Ave |  |  | City<br>PROV | State<br>RI         | Zip<br>02904 |
| 4. Business Phone No.<br>(401) 831-0066                         |  | 5. State of Incorporation<br>RHODE ISLAND                  |              | 6. SIC Code<br>3079 |              |

7. Brief Description of the Character of Business Conducted in Rhode Island  
**RESTAURANT**

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

|                                      |             |              |                                       |             |              |
|--------------------------------------|-------------|--------------|---------------------------------------|-------------|--------------|
| President Name<br>Michael O'Brien    |             |              | Vice President Name<br>Denise O'Brien |             |              |
| Street Address<br>26 Forest View Dr  |             |              | Street Address<br>26 Forest View Dr.  |             |              |
| City<br>N. Prov                      | State<br>RI | Zip<br>02904 | City<br>N. Prov                       | State<br>RI | Zip<br>02904 |
| Secretary Name<br>Denise O'Brien     |             |              | Treasurer Name<br>Michael O'Brien     |             |              |
| Street Address<br>26 Forest View Dr. |             |              | Street Address<br>26 Forest View Dr.  |             |              |
| City<br>N. Prov                      | State<br>RI | Zip<br>02904 | City<br>N. Prov                       | State<br>RI | Zip<br>02904 |

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

|                       |       |     |                       |       |     |
|-----------------------|-------|-----|-----------------------|-------|-----|
| Director Name<br>N/A  |       |     | Director Name<br>N/A  |       |     |
| Street Address<br>N/A |       |     | Street Address<br>N/A |       |     |
| 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 1000  |              |           | ISSUED SHARES 1000  |              |           |
| Number of Shares  | Class/Series | Par Value | Number of Shares  | Class/Series | Par Value |
| 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



File Date 3-1-05  
Check No. 4442  
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 [Signature] Date 12-31-04  
Print or Type Name of Officer Michael O'Brien  
Title of Officer President



**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.<br><b>3710</b>                                     |  | 2. Name of Corporation<br><b>CARRIE'S FAMILY RESTAURANT, INC.</b> |                            |                     |
| 3. Street Address Principal Business Office<br><b>1035 Douglas Ave</b> |  | City<br><b>PROV</b>   | State<br><b>RI</b>         | Zip<br><b>02901</b> |
| 4. Business Phone No.<br><b>831-0066</b>                               | 5. State of Incorporation<br><b>RHODE ISLAND</b> |   | 6. SIC Code<br><b>3079</b> |                     |

7. Brief Description of the Character of Business Conducted in Rhode Island  
**RESTAURANT**

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

|  |                    |                     |  |                    |                     |
|--|--------------------|---------------------|--|--------------------|---------------------|
| President Name<br><b>Michael O'Brien</b>   |                    |                     | Vice President Name<br><b>Denise O'Brien</b> |                    |                     |
| Street Address<br><b>26 Forest View Dr</b> |                    |                     | Street Address<br><b>26 Forest View Dr</b>   |                    |                     |
| City<br><b>N. Prov</b>                     | State<br><b>RI</b> | Zip<br><b>02904</b> | City<br><b>N. Prov</b>                       | State<br><b>RI</b> | Zip<br><b>02904</b> |
| Secretary Name<br><b>Denise O'Brien</b>    |                    |                     | Treasurer Name<br><b>Michael O'Brien</b>     |                    |                     |
| Street Address<br><b>26 Forest View Dr</b> |                    |                     | Street Address<br><b>26 Forest View Dr</b>   |                    |                     |
| City<br><b>N. Prov</b>                     | State<br><b>RI</b> | Zip<br><b>02904</b> | City<br><b>N. Prov</b>                       | State<br><b>RI</b> | Zip<br><b>02904</b> |

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

|                                      |       |     |                                      |       |     |
|--------------------------------------|-------|-----|--------------------------------------|-------|-----|
| Director Name<br><b>No Directors</b> |       |     | Director Name<br><b>No Directors</b> |       |     |
| 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 |           | 1000             |              | 0         |

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



\* 3 7 1 0 \*

File Date 2/23/04  
Check No. 3463  
By: Kum  
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 O'Brien Date 2-17-04  
Print or Type Name of Officer Michael O'Brien  
Title of Officer President



**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. **3710**  
2. Name of Corporation **CARRIE'S FAMILY RESTAURANT, INC.**  
3. Street Address Principal Business Office  
**1035 DOUGLAS AVE**  
4. Business Phone No. **831-0066**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**RESTAURANT**

City **PROV** State **RI** Zip **02902**  
8. SIC Code **3079**

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

President Name **Michael O'Brien**  
Street Address **26 Forest View DR**  
City **PROV** State **RI** Zip **02904**

Vice President Name **Denise O'Brien**  
Street Address **26 Forest View DR**  
City **PROV** State **RI** Zip **02904**

Secretary Name **SHANNA O'Brien**  
Street Address **26 Forest View DR**  
City **PROV** State **RI** Zip **02904**

Treasurer Name **Denise O'Brien**  
Street Address **26 Forest View DR**  
City **PROV** State **RI** Zip **02904**

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

Director Name **N/A**  
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  
**0**

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



\* 3 7 1 0 \*

File Date: **7-7-03**  
Check No.: **3006**  
**KML**

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 T O'Brien** Date **7-7-03**  
Print or Type Name of Officer **Michael T O'Brien**  
Title of Officer **President**



**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. **3710** 2. Name of Corporation **CARRIE'S FAMILY RESTAURANT, INC.**

3. Street Address Principal Business Office **1035 Douglas Ave** City **PROV** State **RI** Zip **02904**

4. Business Phone No. **831-0068** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**RESTAURANT**

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

|   |   |
|---|---|
| President Name<br><b>Michael OBrien</b><br>Street Address<br><b>26 Forest View DR</b><br>City <b>N. PROV</b> State <b>RI</b> Zip <b>02904</b> | Vice President Name<br><b>Denise OBrien</b><br>Street Address<br>City _____ State _____ Zip _____             |
| Secretary Name<br><b>Michael OBrien</b><br>Street Address<br><b>SAME</b> State _____ Zip _____  | Treasurer Name<br><b>SAM E</b><br><b>Denise OBrien</b><br>Street Address<br><b>SAME</b> State _____ Zip _____ |

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

|   |   |
|---|---|
| Director Name _____<br>Street Address _____<br>City _____ State _____ Zip _____ | Director Name _____<br>Street Address _____<br>City _____ State _____ Zip _____ |
| Director Name _____<br>Street Address _____<br>City _____ State _____ Zip _____ | Director Name _____<br>Street Address _____<br>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 |
|---------------|------------------|--------------|-----------|
|               | 0                |              |           |

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



File Date: **5-2-02**

Check No.: **1847**

By: **de**

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: **[Signature]** Date: **3-17-02**

Print or Type Name of Officer: **Michael OBrien**

Title of Officer: **President**



**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. **3710** 2. Name of Corporation **CARRIE'S FAMILY RESTAURANT, INC.**

3. Street Address Principal Business Office **1035 Douglas Ave** City **PROV** State **RI** Zip **02904**  
4. Business Phone No. **831-0066** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**RESTAURANT**

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

|  |  |
|--|--|
| President Name<br><b>Michael O'Brien</b><br>Street Address<br><b>26 Forest View DR</b><br>City <b>N. PROV</b> State <b>RI</b> Zip <b>02904</b> | Vice President Name<br><b>Demisi O'Brien</b><br>Street Address<br><b>26 Forest View DR</b><br>City <b>N. PROV</b> State <b>RI</b> Zip <b>02904</b> |
| Secretary Name<br><b>Shanna O'Brien</b><br>Street Address<br><b>1039 Douglas Ave</b><br>City <b>PROV</b> State <b>RI</b> Zip <b>02904</b>      | Treasurer Name<br><b>Demisi O'Brien</b><br>Street Address<br><b>26 Forest View DR</b><br>City <b>N. PROV</b> State <b>RI</b> Zip <b>02904</b>      |

**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 |

RECEIVED STATE SECRETARY OF STATE CORPORATION DIVISION  
JAN 22 3 29 PM '01

**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  
**500 0**

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



\* 3 7 1 0 \*

File Date: **FILED**  
Check No.: **JAN 22 2001**  
By: **By [Signature] 257082**  
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]** 1-22-01  
Signature of Officer Date  
**Michael O'Brien**  
Print or Type Name of Officer  
**President**  
Title of Officer



**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. 3710 2. Name of Corporation CARRIS Family Restaurant Inc.  
3. Street Address Principal Business Office 1035 Douglas Ave City PROV State RI Zip 02904  
4. Business Phone No. 524-2310 5. State of Incorporation RI 6. SIC Code 3079  
7. Brief Description of the Character of Business Conducted in Rhode Island RESTAURANT

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

|   |   |
|---|---|
| President Name<br><u>Michael O'Brien</u><br>Street Address<br><u>26 Forest View DR</u><br>City <u>N. PROV.</u> State <u>RI</u> Zip <u>02904</u> | Vice President Name<br><u>Denise O'Brien</u><br>Street Address<br><u>26 Forest View DR</u><br>City <u>N. PROV.</u> State <u>RI</u> Zip <u>02904</u> |
| Secretary Name<br><u>Denise O'Brien</u><br>Street Address<br><u>26 Forest View DR</u><br>City <u>N. PROV.</u> State <u>RI</u> Zip <u>02904</u>  | Treasurer Name<br><u>Michael O'Brien</u><br>Street Address<br><u>26 Forest View DR</u><br>City <u>N. PROV.</u> State <u>RI</u> Zip <u>02904</u>     |

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

|  |   |
|--|---|
| Director Name<br><u>Michael O'Brien</u><br>Street Address<br><u>26 Forest View DR</u><br>City <u>N. PROV.</u> State <u>RI</u> Zip <u>02904</u> | Director Name<br><u>Denise O'Brien</u><br>Street Address<br><u>26 Forest View DR</u><br>City <u>N. PROV.</u> State <u>RI</u> Zip <u>02904</u> |
|--|---|

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

| AUTHORIZED SHARES | Number of Shares | Class/Series | Par Value |
|-------------------|------------------|--------------|-----------|
|                   | <u>500</u>       | <u>1000</u>  | <u>0</u>  |

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

| ISSUED SHARES | Number of Shares | Class/Series | Par Value |
|---------------|------------------|--------------|-----------|
|               | <u>500</u>       |              | <u>0</u>  |

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

File Date: 10/11/2000  
Check No.: 2567  
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: [Signature] Date: 10-11-00  
Print or Type Name of Officer: Michael O'Brien  
Title of Officer: President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 99  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 3710 2. Name of Corporation CARRIES ~~INC~~ Family Restaurant  
3. Street Address Principal Business Office 1035 DOUGLAS AVE City PROV State RI Zip 02902  
4. Business Phone No. 831-0066 5. State of Incorporation RI 6. SIC Code 3079  
7. Brief Description of the Character of Business Conducted in Rhode Island  
RESTAURANT

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

|  |  |
|--|--|
| President Name<br><u>Michael L O'BRIEN</u><br>Street Address<br><u>26 FOREST VIEW DR.</u><br>City <u>N. PROV.</u> State <u>RI</u> Zip <u>02904</u> | Vice President Name<br><u>Denise O'Brien</u><br>Street Address<br><u>26 FOREST VIEW DR</u><br>City <u>N. PROV</u> State <u>RI</u> Zip <u>02904</u> |
| Secretary Name<br><u>Denise O'Brien</u><br>Street Address<br><u>26 FOREST VIEW DR.</u><br>City <u>N. PROV</u> State <u>RI</u> Zip <u>02904</u>     | Treasurer Name<br><u>Michael O'Brien</u><br>Street Address<br><u>26 FOREST VIEW DR.</u><br>City <u>N. PROV</u> State <u>RI</u> Zip <u>02904</u>    |

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 | Class/Series | Par Value |
|-------------------|--------------|-----------|
| <u>500</u>        |              |           |

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

| ISSUED SHARES | Class/Series | Par Value |
|---------------|--------------|-----------|
| <u>500</u>    |              |           |

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

**FILED**

File Date: SEP 15 1999  
By: De 2281

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 O'Brien Date 9-15-99  
Print or Type Name of Officer Michael O'Brien  
Title of Officer President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 3710 2. Name of Corporation CARRIE'S FAMILY RESTAURANT, Inc.  
3. Street Address Principal Business Office 1035 DOUGLAS AVE City PROV State RI Zip 02904  
4. Business Phone No. 831-0066 5. State of Incorporation RI 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
RESTAURANT

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

|   |  |
|---|--|
| President Name<br><u>Michael TOBRION</u><br>Street Address<br><u>26 FOREST VIEW DR</u><br>City <u>PROV</u> State <u>RI</u> Zip <u>02904</u> | Vice President Name<br><u>Denise E OBRION</u><br>Street Address<br><u>SAME ADDRESS</u><br>City _____ State _____ Zip _____ |
| Secretary Name<br><u>Denise E. OBRION</u><br>Street Address<br><u>SAME ADDRESS</u><br>City _____ State _____ Zip _____                      | Treasurer Name<br><u>MICHAEL TOBRION</u><br>Street Address<br><u>SAME ADDRESS</u><br>City _____ State _____ Zip _____      |

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

|  |  |
|--|--|
| Director Name<br><u>Michael TOBRION</u><br>Street Address<br><u>SAME ADDRESS</u><br>City _____ State _____ Zip _____ | Director Name<br><u>Denise E OBRION</u><br>Street Address<br><u>SAME ADDRESS</u><br>City _____ State _____ Zip _____ |
| Director Name<br>_____<br>Street Address<br>_____<br>City _____ State _____ Zip _____                                | Director Name<br>_____<br>Street Address<br>_____<br>City _____ State _____ Zip _____                                |

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value

500 NO PAR VALUE 500

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value

NO PAR VALUE

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

**FILED**

File Date: OCT 29 1998

Check No.: 23085

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.

Michael T. Tobrion 10-29-98  
Signature of Officer Date

Michael T. Tobrion  
Print or Type Name of Officer

President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 97**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 3710 2. Name of Corporation CARRIES FAMILY RESTAURANT, Inc.  
3. Street Address Principal Business Office 1035 DOUGLAS AV City PROV State RI Zip 02904  
4. Business Phone No. 831-0063 5. State of Incorporation RI 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
RESTAURANT

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

|  |   |
|--|---|
| President Name<br><u>Michael T. O'Brien</u><br>Street Address<br><u>26 FOREST VIEW DR</u><br>City <u>PROV</u> State <u>RI</u> Zip <u>02904</u>     | Vice President Name<br><u>DOMINIC E O'BRIEN</u><br>Street Address<br><u>SAME ADDRESS</u><br>City <u>SAME ADDRESS</u> State <u>RI</u> Zip <u>02904</u> |
| Secretary Name<br><u>DOMINIC E O'BRIEN</u><br>Street Address<br><u>SAME AS ABOVE</u><br>City <u>SAME AS ABOVE</u> State <u>RI</u> Zip <u>02904</u> | Treasurer Name<br><u>MICHAEL T O'BRIEN</u><br>Street Address<br><u>SAME ADDRESS</u><br>City <u>SAME ADDRESS</u> State <u>RI</u> Zip <u>02904</u>      |

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

|  |   |
|--|---|
| Director Name<br><u>Michael T. O'Brien</u><br>Street Address<br><u>SAME ADDRESS</u><br>City <u>SAME ADDRESS</u> State <u>RI</u> Zip <u>02904</u> | Director Name<br><u>DOMINIC E O'BRIEN</u><br>Street Address<br><u>SAME ADDRESS</u><br>City <u>SAME ADDRESS</u> State <u>RI</u> Zip <u>02904</u> |
| Director Name<br>Street Address<br>City State Zip  | Director Name<br>Street Address<br>City State Zip   |

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

| AUTHORIZED SHARES | Class/Series | Par Value           |
|-------------------|--------------|---------------------|
| <u>500</u>        |              | <u>NO PAR VALUE</u> |

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

| ISSUED SHARES | Class/Series | Par Value           |
|---------------|--------------|---------------------|
| <u>500</u>    |              | <u>NO PAR VALUE</u> |

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

**FILED**

File Date: OCT 29 1998  
Check No. 213085  
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: [Signature] Date: 11-29-98  
Print or Type Name of Officer: MICHAEL T O'BRIEN  
Title of Officer: \_\_\_\_\_

**PROFIT CORPORATON  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

|   |   |  |                     |
|---|---|--|---------------------|
| 1. CORPORATE ID NO.<br>0003710  |   | 2. NAME OF CORPORATION<br>CARRIE'S FAMILY RESTAURANT, INC. |                     |
| 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE<br>1035 Douglas Avenue                        |   | CITY<br>Providence   | STATE<br>RI         |
|   |   | ZIP CODE<br>02904  |                     |
| 4. BUSINESS PHONE NO.<br>(401) 831-0066   | 5. STATE OF INCORPORATION<br>Rhode Island |  | 6. SIC CODE<br>3079 |
| 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND<br>Restaurant |   |  |                     |

| 8. NAMES AND ADDRESSES OF THE OFFICERS |             |  |  |
|--|-------------|--|--|
| PRESIDENT NAME<br>Michael T. O'Brien   |             | VICE PRESIDENT NAME<br>Denice C. O'Brien |  |
| STREET ADDRESS<br>26 Forest View Drive |             | STREET ADDRESS<br>26 Forest View Drive   |  |
| CITY<br>No. Providence                 | STATE<br>RI | ZIP CODE<br>02904                        |  |
| SECRETARY NAME<br>Denice C. O'Brien    |             | TREASURER NAME<br>Michael T. O'Brien     |  |
| STREET ADDRESS<br>26 Forest View Drive |             | STREET ADDRESS<br>26 Forest View Drive   |  |
| CITY<br>No. Providence                 | STATE<br>RI | ZIP CODE<br>02904                        |  |

| 9. NAMES AND ADDRESSES OF THE DIRECTORS |             |                   |  |
|---|-------------|-------------------|--|
| DIRECTOR NAME<br>Michael T. O'Brien     |             | DIRECTOR NAME     |  |
| STREET ADDRESS<br>26 Forest View Drive  |             | STREET ADDRESS    |  |
| CITY<br>No. Providence                  | STATE<br>RI | ZIP CODE<br>02904 |  |
| DIRECTOR NAME                           |             | DIRECTOR NAME     |  |
| STREET ADDRESS                          |             | STREET ADDRESS    |  |
| CITY                                    | STATE       | ZIP CODE          |  |

| 10. SHARES AUTHORIZED AND ISSUED |                |              |                  |                |              |
|----------------------------------|----------------|--------------|------------------|----------------|--------------|
| AUTHORIZED SHARES                |                |              | ISSUED SHARES    |                |              |
| NUMBER OF SHARES                 | CLASS / SERIES | PAR VALUE    | NUMBER OF SHARES | CLASS / SERIES | PAR VALUE    |
| 1000                             | Common         | No Par Value | 500              | Common         | 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.

File Date: 3-15-96  
Check No: 5777  
By: [Signature]  
For Secretary of State Use Only

[Signature]  
Signature of Officer  
**MICHAEL T. O'BRIEN**  
Print or Type Name of Officer  
**President**  
Title of Officer  
**January 10, 1996**  
Date

State of Rhode Island and Providence Plantations  
 Office of The Secretary of State  
 100 North Main Street  
 Providence, Rhode Island  
 401-277-3040

**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0003710

Annual Report for the year: 1995

Name of Corporation: **CARRIE'S FAMILY RESTAURANT, INC.**

Business entity organized under the laws of the State of: **Rhode Island**  
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P. O. Box):

1035 Douglas Avenue  
 Providence, Rhode Island 02904

Brief statement of the character of business conducted in Rhode Island:

**RESTAURANT**

Phone: (401) 831-0066

**THE NAMES OF THE OFFICERS ARE:**

| PRESIDENT          | STREET ADDRESS        | CITY/STATE                   | ZIP CODE |
|--------------------|-----------------------|------------------------------|----------|
| Michael T. O'Brien | 26 Forrest View Drive | No. Providence, Rhode Island | 02904    |
| VICE PRESIDENT     | STREET ADDRESS        | CITY/STATE                   | ZIP CODE |
| Denice C. O'Brien  | 26 Forrest View Drive | No. Providence, Rhode Island | 02904    |
| SECRETARY          | STREET ADDRESS        | CITY/STATE                   | ZIP CODE |
| Denice C. O'Brien  | 26 Forrest View Drive | No. Providence, Rhode Island | 02904    |
| TREASURER          | STREET ADDRESS        | CITY/STATE                   | ZIP CODE |
| Michael T. O'Brien | 26 Forrest View Drive | No. Providence, Rhode Island | 02904    |

**THE NAMES OF THE DIRECTORS ARE:**

| NAME               | STREET ADDRESS        | CITY/STATE                   | ZIP CODE |
|--------------------|-----------------------|------------------------------|----------|
| Michael T. O'Brien | 26 Forrest View Drive | No. Providence, Rhode Island | 02904    |
| NAME               | STREET ADDRESS        | CITY/STATE                   | ZIP CODE |
|                    |                       |                              |          |
| NAME               | STREET ADDRESS        | CITY/STATE                   | ZIP CODE |
|                    |                       |                              |          |

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

| Number of Shares | Class / Series | No Par Value | Number of Shares | Class / Series | No Par Value |
|------------------|----------------|--------------|------------------|----------------|--------------|
| 1000             | Common         | No Par Value | 500              | Common         | No Par Value |

Date: JANUARY 10, 1995

**FILED**  
 AUG 10 1995  
 BY [Signature] 5003

By:

[Signature]

MICHAEL T. O'BRIEN

PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT

TITLE OF OFFICER SIGNING

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

B. Lucius Zarlenga, Esquire, 1035 Branch Avenue, Providence, RI 02904

RECEIVED  
SECRETARY OF STATE  
TREASURY DEPARTMENT

AUG 14 4 03 PM '95

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE OR PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401 277-3040

File Annually  
I.L.C. Sept 1 - Nov 1  
CORP. Jan. 1 - March 1

Corporate ID: 3710 ~~050413793~~ Annual Report for the year: 1994

Name of Business Entity: CARRIES FAMILY RESTAURANT INC

Business entity organized under the laws of the State of RI  
Federal Taxpayer Identification Number [REDACTED]  
For foreign entity, address and telephone number of principal office:  
NA  
Phone (401) 831-0066  
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
1035 Douglas Ave Prov RI 02904  
Phone: (401) 831-0066

Business Entity is (check one)  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)  
 Limited Liability Company (See RIGL 7-16)  
Name, title and mailing address of contact person to whom communications may be directed:  
Michael T O'Brien  
26 Forest View DR N. Prov. RI 02904  
Brief statement of the character of business conducted in Rhode Island:  
RESTAURANT  
Date of Organization: 9/1/79  
Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

| OFFICER TYPE   | NAME              | STREET ADDRESS    | CITY/STATE | ZIP CODE |
|--|-------------------|-------------------|------------|----------|
| <input checked="" type="checkbox"/> PRESIDENT (Check One)                      | Michael T O'Brien | 26 Forest View DR | N. Prov RI | 02904    |
| <input type="checkbox"/> CHIEF OPERATING OFFICER OR VICE PRESIDENT (Check One) | Denise E O'Brien  | "                 | "          | "        |
| <input type="checkbox"/> CLERK OF RECORDS OR SECRETARY (Check One)             | Denise E O'Brien  | "                 | "          | "        |
| <input type="checkbox"/> CHIEF FINANCIAL OFFICER OR TREASURER (Check One)      | Michael T O'Brien | "                 | "          | "        |

THE NAMES OF THE DIRECTORS ARE:

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|------|----------------|------------|----------|
| SAME |                |            |          |
|      |                |            |          |
|      |                |            |          |

| NUMBER OF SHARES AUTHORIZED (If Applicable) | NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) |
|---|---|
| NUMBER <u>1000</u>                          | NUMBER <u>1000</u>                                      |
| CLASS                                       | CLASS   |
| SERIES                                      | SERIES  |
| PAR VALUE OR WITHOUT PAR                    | PAR VALUE OR WITHOUT PAR                                |

Date 1/12/94 19 94  
By: Michael T O'Brien  
Michael T O'Brien  
PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
TITLE OF OFFICER SIGNING

Form 31 1994  
DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:  
PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form I.L.C. 3 must be filed

Filing Fee \$50.00

To be filed annually between January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 3710 Annual Report for the year 1993

FIRST: The name of the corporation is CARRIES Family Restaurant INC

SECOND: It is incorporated under the laws of STATE of R.I.

THIRD: Character of business, briefly stated, is RESTAURANT

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 1035 Douglas Ave Providence 02904

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name                     | Office                | Address (including number, street, zip code) |
|--------------------------|-----------------------|--|
| <u>Michael T O'Brien</u> | <u>Director</u>       | <u>26 Forest View DR N. Prov 02904</u>       |
|                          | <u>Director</u>       |  |
|                          | <u>Director</u>       |  |
| <u>Michael T O'Brien</u> | <u>President</u>      | <u>SAME ADDRESS</u>                          |
| <u>Denise E O'Brien</u>  | <u>Vice President</u> | <u>"</u>                                     |
| <u>Denise E O'Brien</u>  | <u>Secretary</u>      | <u>"</u>                                     |
| <u>Michael T O'Brien</u> | <u>Treasurer</u>      | <u>"</u>                                     |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|-------|--------|--|
| <u>1000</u>   |       |        |  |

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|-------|--------|--|
| <u>1000</u>   |       |        |  |

*Handwritten:* Check # 35204

Dated 1/11 19 94

CARRIES Family Restaurant INC  
(Name of Corporation)

By Michael T O'Brien

Title President

(Report must be signed by an officer)

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporate ID # 0003710

Annual Report for the year 1992

**FIRST:** The name of the corporation is:

CARRIE'S FAMILY RESTAURANT, INC.

**SECOND:** It is incorporated under the laws of: RHODE ISLAND

**THIRD:** Character of business briefly stated, is: RESTAURANT

**FOURTH:** If foreign corporation, address of its principal office:

NOT APPLICABLE

**FIFTH:** Business address in Rhode Island:

1035 Douglas Avenue, Providence, RI 02908

**SIXTH:** Names and addresses of its directors and officers:

| OFFICE    | NAME               | ADDRESS (including number, street, zip code) |
|-----------|--------------------|--|
| DIRECTOR  | Michael T. O'Brien | - 26 Forest View Dr., No. Prov., RI 02904    |
| DIRECTOR  |                    |  |
| DIRECTOR  |                    |  |
| PRESIDENT | Michael T. O'Brien | - 26 Forest View Dr., No. Prov., RI 02904    |
| VICE PRES | Denice C. O'Brien  | - 26 Forest View Dr., No. Prov., RI 02904    |
| SECRETARY | Denice C. O'Brien  | - 26 Forest View Dr., No. Prov., RI 02904    |
| TREASURER | Michael T. O'Brien | - 26 Forest View Dr., No. Prov., RI 02904    |

**SEVENTH:** Number of Shares authorized:

| (No. of Shares) | (Class) | (Series) | (Par Value)  |
|-----------------|---------|----------|--------------|
| 1000            | Common  |          | No Par Value |

**EIGHTH:** Number of Shares issued:

| (No. of Shares) | (Class) | (Series) | (Par Value)  |
|-----------------|---------|----------|--------------|
| 500             | Common  |          | No Par Value |

Rec'd & Filed MAR 17 1992

AMT 1645

CARRIE'S FAMILY RESTAURANT, INC.

By: Michael T. O'Brien

Title: President

**Dated:** January 13, 1992

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0003710..... Annual Report for the year.....1991.....

FIRST: The name of the corporation is.....CARRIE'S FAMILY RESTAURANT, INC.....

SECOND: It is incorporated under the laws of the State of Rhode Island.....

THIRD: Character of business, briefly stated, is restaurant.....

FOURTH: If foreign corporation, address of its principal office. --.....

FIFTH: Business address in Rhode Island 1035 Douglas Avenue, North Providence, RI.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name               | Office         | Address (including number, street, zip code) |
|--------------------|----------------|--|
| Michael T. O'Brien | Director       | 26 Forest View Dr., No. Prov., RI 02904      |
|                    | Director       |  |
|                    | Director       |  |
| Michael T. O'Brien | President      | " "  |
| Denise C. O'Brien  | Vice President | 26 Forest View Dr., No. Prov., RI 02904      |
| Denise C. O'Brien  | Secretary      | " "  |
| Michael T. O'Brien | Treasurer      | " "  |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 1,000         | Common |        | No Par Value   |

PAID

JAN 20 1991

SEC'Y OF STATE

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 500           | Common |        | No Par Value   |

Dated..... 19 .....

CARRIE'S FAMILY RESTAURANT, INC.

(Name of Corporation)

By MICHAEL T. O'BRIEN

Title President.....

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

AT

Corporate ID 0003710 Annual Report for the year 1990

FIRST: The name of the corporation is CARRIE'S FAMILY RESTAURANT, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is restaurant

FOURTH: If foreign corporation, address of its principal office:--

FIFTH: Business address in Rhode Island 1035 Douglas Avenue, North Providence,  
Rhode Island, 02904

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name               | Office         | Address (including number, street, zip code) |
|--------------------|----------------|--|
| Michael T. O'Brien | Director       | 26 Forest View Dr., No. Prov., RI 02904      |
|                    | Director       |  |
|                    | Director       |  |
| Michael T. O'Brien | President      | 26 Forest View Dr., No. Prov., RI 02904      |
| Denise C. O'Brien  | Vice President | 26 Forest View Dr., No. Prov., RI 02904      |
| Denise C. O'Brien  | Secretary      | 26 Forest View Dr., No. Prov., RI 02904      |
| Michael T. O'Brien | Treasurer      | 26 Forest View Dr., No. Prov., RI 02904      |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 1000          | common |        | par value  |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 500           | common |        | no par value   |

PAID  
DEC 20 1990  
SECY OF STATE

Dated 19

CARRIE'S FAMILY RESTAURANT, INC.  
(Name of Corporation)

By Michael T. O'Brien

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID. 3710 Annual Report for the year 1989

FIRST: The name of the corporation is CARRIE 'S FAMILY RESTAURANT, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Restaurant

FOURTH: If foreign corporation, address of its principal office --

FIFTH: Business address in Rhode Island 1035 Douglas Ave Providence RI 02904

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name               | Office         | Address (including number, street, zip code) |
|--------------------|----------------|--|
| Michael T. O'Brien | Director       | 26 Forest View Dr. No.Prov. RI 02908         |
|                    | Director       |  |
|                    | Director       |  |
| Michael T. O'Brien | President      | 26 Forest View Dr. No.Prov. RI 02908         |
| Denise C. O'Brien  | Vice President | 26 Forest View Dr. No.Prov. RI 02908         |
| Denise C. O'Brien  | Secretary      | 26 Forest View Dr. No.Prov. RI 02908         |
| Michael T. O'Brien | Treasurer      | 26 Forest View Dr. No.Prov. RI 02908         |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 1000          | common |        | No par value   |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 500           | common |        | No par value   |

Dated January 9 19 89

CARRIE'S FAMILY RESTAURANT, INC.

(Name of Corporation)

By  Michael T. O'Brien

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 3710 Annual Report for the year 1988

FIRST: The name of the corporation is CARRIE'S FAMILY RESTAURANT, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is RESTAURANT

FOURTH: If foreign corporation, address of its principal office --

FIFTH: Business address in Rhode Island 1035 Douglas Ave Providence RI 02904

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name               | Office         | Address (including number, street, zip code) |
|--------------------|----------------|--|
| MICHAEL T. O'BRIEN | Director       | 26 Forest View Dr. No.Prov.RI 02908          |
|                    | Director       |  |
|                    | Director       |  |
| MICHAEL T. O'BRIEN | President      | 26 Forest View Dr. No.Prov.RI 02908          |
| DENISE C. O'BRIEN  | Vice President | "  |
| DENISE C. O'BRIEN  | Secretary      | "  |
| MICHAEL T. O'BRIEN | Treasurer      | 26 Forest View Dr. No.Prov.RI 02908          |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 1000          | common |        | no par value   |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 500           | common |        | no par value   |

Dated Jan 11 19 88

CARRIE'S FAMILY RESTAURANT, INC.

(Name of Corporation)

By Michael T. O'Brien  
Michael T. O'Brien

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 3710 Annual Report for the year 1987

FIRST: The name of the corporation is CARRIE'S FAMILY RESTAURANT, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is restaurant

FOURTH: If foreign corporation, address of its principal office --

FIFTH: Business address in Rhode Island 1035 Douglas Ave., Providence RI 02904

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name               | Office         | Address (including number, street, zip code) |
|--------------------|----------------|--|
| MICHAEL T. O'BRIEN | Director       | 26 Forest View Dr. No. Providence RI 02904   |
| DENISE C. O'BRIEN  | Director       | " "  |
|                    | Director       |  |
| MICHAEL T. O'BRIEN | President      | 26 Forest View Dr. No. Providence RI 02904   |
| DENISE C. O'BRIEN  | Vice President | " "  |
| DENISE C. O'BRIEN  | Secretary      | " "  |
| MICHAEL T. O'BRIEN | Treasurer      | " "  |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 1000          | common |        | no par value   |

PAID

EIGHTH: Number of Shares issued: MAY 08 1987

| No. of Shares | Class  | Series          | Par Value or statement that shares are without par value |
|---------------|--------|-----------------|--|
| 500           | common | SEC'Y. OF STATE | no par value   |

Dated January 12, 19 87

CARRIE'S FAMILY RESTAURANT, INC.  
(Name of Corporation)

By Michael T. O'Brien  
MICHAEL T. O'BRIEN  
Title President

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 3710 Annual Report for the year 1986

FIRST: The name of the corporation is CARRIE'S FAMILY RESTAURANT, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is restaurant

FOURTH: If foreign corporation, address of its principal office --

FIFTH: Business address in Rhode Island 1035 Douglas Avenue, Providence, RI 02904

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name               | Office         | Address (including number, street, zip code) |
|--------------------|----------------|--|
| Michael T. O'Brien | Director       | 26 Forest View Drive, No. Prov. RI 02908     |
| Denise C. O'Brien  | Director       | " "  |
|                    | Director       |  |
| Michael T. O'Brien | President      | 26 Forest View Drive, No. Prov. RI 02908     |
| Denise C. O'Brien  | Vice President | " "  |
| Denise C. O'Brien  | Secretary      | " "  |
| Michael T. O'Brien | Treasurer      | " "  |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 1000          | common |        | no par value   |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 500           | common |        | no par value   |

APR 18 1986  
SECY. OF STATE

Dated Jan. 10 19 86

CARRIE'S FAMILY RESTAURANT, INC.  
(Name of Corporation)

By Michael T. O'Brien

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 3710 Annual Report for the year 1985

FIRST: The name of the corporation is CARRIE'S FAMILY RESTAURANT, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is restaurant

FOURTH: If foreign corporation, address of its principal office --

FIFTH: Business address in Rhode Island 1035 Douglas Avenue, Providence RI 02904

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name               | Office         | Address (including number, street, zip code) |
|--------------------|----------------|--|
| Michael T. O'Brien | Director       | 26 Forest View Drive, No. Providence         |
| Denise C. O'Brien  | Director       | " "  |
|                    | Director       | " "  |
| Michael T. O'Brien | President      | " "  |
| Denise C. O'Brien  | Vice President | " "  |
| Denise C. O'Brien  | Secretary      | " "  |
| Michael T. O'Brien | Treasurer      | " "  |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 1000          | common |        | no par value   |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 500           | common |        | no par value   |

03/06/85 PAID

ANRE 15.00  
CHEK 15.00  
0393A001

Dated January 31, 19 85 CARRIE'S FAMILY RESTAURANT, INC.

(Name of Corporation)  
By Michael T. O'Brien  
Michael T. O'Brien  
Title President

(Report must be signed by an officer)