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
83312

2. Name of Corporation
THE NORTH END PIZZERIA, INC.

3. Street Address Principal Business Office
3030 EAST MAIN ROAD

City PORTSMOUTH *State* RI *Zip* 02871

4. Business Phone No.
401-683-6633

5. State of Incorporation
RHODE ISLAND

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE A RESTAURANT, PIZZERIA, SELL FOOD PRODUCTS AT RETAIL & ANY OTHER LAWFUL RI BUSINESS PURPOSES.

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

President Name
GORDON SCOTT SINCLAIR, JR.
Street Address
191 IMOKOLEE DRIVE
City PORTSMOUTH *State* RI *Zip* 02871

Vice President Name
LUCILLE L. SINCLAIR
Street Address
191 IMOKOLEE DRIVE
City PORTSMOUTH *State* RI *Zip* 02871

Secretary Name
LUCILLE L. SINCLAIR
Street Address
191 IMOKOLEE DRIVE
City PORTSMOUTH *State* RI *Zip* 02871

Treasurer Name
GORDON SCOTT SINCLAIR, JR.
Street Address
191 IMOKOLEE DRIVE
City PORTSMOUTH *State* RI *Zip* 02871

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*

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*
2000 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	COMMON	NO PAR

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

[redacted] 8 3 3 1 2 [redacted]

File Date FILED MAR 07 2005
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 of Officer *Date*
GORDON SCOTT SINCLAIR, JR.
Print or Type Name of Officer
[redacted] 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 IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
83312	THE NORTH END PIZZERIA, INC.			
3. Street Address Principal Business Office		City	State	Zip
3030 EAST MAIN ROAD		PORTSMOUTH	RI	02871
4. Business Phone No.	5. State of Incorporation			6. SIC Code
683-6633	RHODE ISLAND			

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE A RESTAURANT, PIZZERIA, SELL FOOD PRODUCTS AT RETAIL AND ANY OTHER LAWFUL RI BUSINESS PURPOSES.

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

President Name			Vice President Name		
Gordon Scott Sinclair, Jr.			Lucille L. Sinclair		
Street Address			Street Address		
191 Imokolee Drive			191 Imokolee Drive		
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	Portsmouth	RI	02871
Secretary Name			Treasurer Name		
Lucille L. Sinclair			Gordon Scott Sinclair, Jr.		
Street Address			Street Address		
191 Imokolee Drive			191 Imokolee Drive		
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	Portsmouth	RI	02871

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
2000	Common	No Par Value	100	Common	No Par

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

[redacted] 8 3 3 1 2 [redacted]

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.

Gordon Scott Sinclair, Jr. 3/10/04
Signature of Officer *Date*

GORDON SCOTT SINCLAIR, JR.
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

File Date 5/24/04
Check No. 5315
By: W.
FOR SECRETARY OF STATE USE ONLY

Form 630 12/01

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 IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
83312	THE NORTH END PIZZERIA, INC.		
3. Street Address Principal Business Office	City	State	Zip
3030 East Main Road	Portsmouth	RI	02871
4. Business Phone No.	5. State of Incorporation		6. SIC Code
683-6633	RHODE ISLAND		

7. Brief Description of the Character of Business Conducted in Rhode Island
To operate a restaurant, pizzeria, sell food products at retail and any other lawful RI business purposes.

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

President Name			Vice President Name		
Gordon Scott Sinclair, Jr.			Lucille L. Sinclair		
Street Address			Street Address		
191 Imokolee Drive			191 Imokolee Drive		
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	Portsmouth	RI	02871
Secretary Name			Treasurer Name		
Lucille L. Sinclair			Gordon Scott Sinclair, Jr.		
Street Address			Street Address		
191 Imokolee Drive			191 Imokolee Drive		
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	Portsmouth	RI	02871

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
2,000 Common No Par Value			100	Common	No Par

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

[redacted] [redacted]

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.

Gordon Scott Sinclair 2/28/03
Signature of Officer *Date*

Gordon Scott Sinclair, Jr.
Print or Type Name of Officer

[redacted]

President
Title of Officer

Form 630 12/01

File Date 3/5/03
Check No. 4978
By: VCV
FOR SECRETARY OF STATE USE ONLY

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

STOP
PLEASE READ INSTRUCTIONS

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. 83312

2. Name of Corporation THE NORTH END PIZZERIA, INC.

3. Street Address Principal Business Office 3030 East Main Road — *City* Portsmouth — *State* RI — *Zip* 02871

4. Business Phone No. 683-6633

5. State of Incorporation RHODE ISLAND

6. SIC Code 0

7. Brief Description of the Character of Business Conducted in Rhode Island to operate a restaurant, pizzeria, sell food products at retail and any other lawful RI business purpose

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

President Name Gordon Scott Sinclair, Jr.
Street Address 191 Imokolee Drive
City Portsmouth *State* RI *Zip* 02871

Vice President Name Lucille L. Sinclair
Street Address 191 Imokolee Drive
City Portsmouth *State* RI *Zip* 02871

Secretary Name Lucille L. Sinclair
Street Address 191 Imokolee Drive
City Portsmouth *State* RI *Zip* 02871

Treasurer Name Gordon Scott Sinclair, Jr.
Street Address 191 Imokolee Drive
City Portsmouth *State* RI *Zip* 02871

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*

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*
2,000 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	No Par

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

[redacted] [redacted]

* 8 3 3 1 2 *

File Date: 2-28-02

Check No.: 4585

By: FMC

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.

Gordon A Sinclair Jr.
Signature of Officer

Gordon Scott Sinclair, Jr.
Print or Type Name of Officer

President
Title of Officer

[redacted]

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 83312

2. Name of Corporation: THE NORTH END PIZZERIA, INC.

3. Street Address Principal Business Office: 3030 East Main Road
City: Portsmouth State: RI Zip: 02871

4. Business Phone No.: 683-6633

5. State of Incorporation: RHODE ISLAND

6. SIC Code: 0

7. Brief Description of the Character of Business Conducted in Rhode Island: To operate a restaurant, pizzeria, sell food products at retail andany other lawful RI business purposes

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

President Name: Gordon Scott Sinclair, Jr.
Street Address: 191 Imokolee Drive
City: Portsmouth State: RI Zip: 02871

Vice President Name: Lucille L. Sinclair
Street Address: 191 Imokolee Drive
City: Portsmouth State: RI Zip: 02871

Secretary Name: Lucille L. Sinclair
Street Address: 191 Imokolee Drive
City: Portsmouth State: RI Zip: 02871

Treasurer Name: Gordon Scott Sinclair, Jr.
Street Address: 191 Imokolee Drive
City: Portsmouth State: RI Zip: 02871

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

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
2,000 SHS	NO PAR COMMON	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No par

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

[redacted] *83312*

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.

Gordon Scott Sinclair, Jr. 2/1/01
Signature of Officer *Date*

Gordon Scott Sinclair, Jr.
Print or Type Name of Officer

[redacted] President
Title of Officer

File Date: FILED

Check No.: FEB 05 2001

By: By lc 4184

FOR SECRETARY OF STATE USE ONLY

Form 630 12/00

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

STOP
• PLEASE READ INSTRUCTIONS

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.: 83312
2. Name of Corporation: THE NORTH END PIZZERIA, INC.
3. Street Address Principal Business Office: 3030 East Main Road — City: Portsmouth — State: RI — Zip: 02871
4. Business Phone No.: 683-6633
5. State of Incorporation: RHODE ISLAND
6. SIC Code:
7. Brief Description of the Character of Business Conducted in Rhode Island: To operate a restaurant, pizzeria, sell food products at retail and any other lawful RI business purposes

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

President Name: Gordon Scott Sinclair, Jr.
Street Address: 191 Imokolee Drive
City: Portsmouth — State: RI — Zip: 02871

Vice President Name: Lucille L. Sinclair
Street Address: 191 Imokolee Drive
City: Portsmouth — State: RI — Zip: 02871

Secretary Name: Lucille L. Sinclair
Street Address: 191 Imokolee Drive
City: Portsmouth — State: RI — Zip: 02871

Treasurer Name: Gordon Scott Sinclair, Jr.
Street Address: 191 Imokolee Drive
City: Portsmouth — State: RI — Zip: 02871

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

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
2,000 SHS	NO PAR COMMON	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par

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

[redacted] [redacted]

* 8 3 3 1 2 *

File Date: 3/8/00

Check No.: 3827

By: a

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Gordon Scott Sinclair — Date

Signature of Officer

Gordon Scott Sinclair, Jr.
Print or Type Name of Officer

President
Title of Officer

Form 630 12/96

Office of the Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 83312
2. Name of Corporation: THE NORTH END PIZZERIA
3. Street Address Principal Business Office: 3030 East Main Road
City: Portsmouth
State: RI
Zip: 02871
4. Business Phone No.: 683-6633
5. State of Inc: RHOD
6. SIC Code:
7. Brief Description of the Character of Business Conducted in Rhode Island: Operate a restaurant, pizzeria, sell food products at retail & any other lawful T.R.I. business purposes

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

President Name: Gordon Scott Sinclair, Jr.	Vice President Name: Lucille L. Sinclair
Street Address: 191 Imokolee Drive	City: Portsmouth
City: Portsmouth State: RI	Treasurer Name: Gordon Scott Sinclair
Secretary Name: Lucille L. Sinclair	Street Address: 191 Imokolee Drive
Street Address: 191 Imokolee Drive	City: Portsmouth State: RI Zip: 02871
City: Portsmouth State: RI 02871	

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
2,000 SHS	NO PAR COMMON	

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	No par

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

[redacted]

83312

File Date: March 4, 99

Check No.: 3371

By: PD

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Gordon A Sinclair Jr. 3/1/99

Signature of Officer — Date

Gordon Scott Sinclair Jr.

Print or Type Name of Officer

President

Title of Officer

[redacted]

Form 31

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
401-277-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 83312
2. Name of Corporation: THE NORTH END PIZZERIA, INC.
3. Street Address Principal Business Office: 3030 East Main Road — City: Portsmouth — State: RI — Zip: 02871
4. Business Phone No.: 401-683-6633
5. State of Incorporation: RHODE ISLAND
6. SIC Code:
7. Brief Description of the Character of Business Conducted in Rhode Island: to operate a restaurant, pizzeria, sell food products at retail and any other lawful Rhode Island business purposes.

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

President Name: Gordon Scott Sinclair, Jr.
Street Address: 191 Immokolee Drive
City: Portsmouth — State: RI — Zip: 02871

Vice President Name: Lucille L. Sinclair
Street Address: 191 Immokolee Drive
City: Portsmouth — State: RI — Zip: 02871

Secretary Name: Lucille L. Sinclair
Street Address: 191 Immokolee Drive
City: Portsmouth — State: RI — Zip: 02871

Treasurer Name: Gordon Scott Sinclair, Jr.
Street Address: 191 Immokolee Drive
City: Portsmouth — State: RI — Zip: 02871

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

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

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
2,000 SHS	NO PAR COMMON	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par

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

* 8 3 3 1 2 *

File Date: 2.18.98
Check No.: 2885
By: ICP
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.

Gordon Scott Sinclair Jr.
Signature of Officer — *Date*

Gordon Scott Sinclair, Jr.
Print or Type Name of Officer

President
Title of Officer

Form 31 12/96

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
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 83312

2. Name of Corporation: THE NORTH END PIZZERIA, INC.

3. Street Address Principal Business Office: 3030 East Main Road — City: Portsmouth — State: RI — Zip: 02871

4. Business Phone No.: 683-6633

5. State of Incorporation: RHODE ISLAND

6. SIC Code:

7. Brief Description of the Character of Business Conducted in Rhode Island: To operate a restaurant, pizzeria, sell food products at retail and any other lawful Rhode Island business purposes.

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

President Name: Gordon Scott Sinclair, Jr.
Street Address: 22 Greenfield Avenue
City: Portsmouth — State: RI — Zip: 02871

Vice President Name: Lucille L. Sinclair
Street Address: 22 Greenfield Avenue
City: Portsmouth — State: RI — Zip: 02871

Secretary Name: Lucille L.Sinclair
Street Address: 22 GreenfieldAAvenue
City: Portsmouth — State: RI — Zip: 02871

Treasurer Name: Gordon Scott Sinclair, Jr.
Street Address: 22 Greenfield Avenue
City: Portsmouth — State: RI — Zip: 02871

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

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

Director Name
Street Address
City — State — Zip

10. SHARES AUTHORIZED AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 SHS	NO PAR COMMON		100	Common	No Par

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

[redacted] * 8 3 3 1 2 *

File Date: 2/11/97
Check No.: 2351
By: COT / SEC
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Gordon A. Sinclair Jr. 2/12/97
Signature of Officer *Date*

Gordon Scott Sinclair, Jr.
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 31 12/96

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION
83312	THE NORTH END PIZZERIA, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
3030 East Main Road	Portsmouth	RI	02871

4. BUSINESS PHONE NO	5. STATE OF INCORPORATION	6. SIC CODE
683-6633	RHODE ISLAND	

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
To operate a restaurant, pizzeria, sell food products at retail and any other lawful Rhode Island business purpose.

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Gordon Scott Sinclair, Jr.	22 Greenfield Avenue	Portsmouth	RI	02871

VICE PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Lucille L. Sinclair	22 Greenfield Avenue	Portsmouth	RI	02871

SECRETARY NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Lucille L. Sinclair	22 Greenfield Avenue	Portsmouth	RI	02871

TREASURER NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Gordon Scott Sinclair, Jr.	22 Greenfield Avenue	Portsmouth	RI	02871

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

DIRECTOR NAME	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
2,000 SHS	NO PAR COMMON		100	Common	No Par

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.

Gordon S Sinclair Jr
Signature of Officer

Gordon Scott Sinclair, Jr.
Print or Type Name of Officer

President
Title of Officer

2-21-96 GP
Date

File Date: 2/21/96

Check No: 1752

By: GP

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95