



**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 <b>7612</b>		2 Name of Corporation <b>T.J.N. RESTAURANT, INC.</b>			
3 Street Address Principal Business Office <b>326 CRANSTON STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
4 Business Phone No <b>401-861-7090</b>		5 State of Incorporation <b>RHODE ISLAND</b>		6 SIC Code <b>3079</b>	
7 Brief Description of the Character of Business Conducted in Rhode Island <b>RESTAURANT</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>VIOLA DEGAITAS</b>			Vice President Name <b>NONE</b>		
Street Address <b>90 VILLAGE AVENUE</b>			Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Secretary Name <b>VIOLA DEGAITAS</b>			Treasurer Name <b>HENRY DEGAITAS</b>		
Street Address <b>90 VILLAGE AVENUE</b>			Street Address <b>90 VILLAGE AVENUE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>HENRY DEGAITAS</b>			Director Name <b>VIOLA DEGAITAS</b>		
Street Address <b>90 VILLAGE AVENUE</b>			Street Address <b>90 VILLAGE AVENUE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
<b>500</b>	<b>COMM NO PAR VALUE</b>		<b>100</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee					

File Date 1/31/05  
Check No 193  
By DA  
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 statement contained herein are true and correct.

Signature  Date 1/3/05  
VIOLA DEGAITAS  
Print or Type Name of Officer  
PRESIDENT



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

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. <b>7612</b>		2. Name of Corporation <b>T.J.N. RESTAURANT, INC.</b>			
3. Street Address Principal Business Office <b>326 CRANSTON STREET</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02907</b>
4. Business Phone No. <b>401-861-7090</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>3079</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>RESTAURANT</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>VIOLA DEGAITAS</b>			Vice President Name <b>NONE</b>		
Street Address <b>90 VILLAGE AVENUE</b>			Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Secretary Name <b>VIOLA DEGAITAS</b>			Treasurer Name <b>NONE</b>		
Street Address <b>90 VILLAGE AVENUE</b>			Street Address		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>HENRY DEGAITAS</b>			Director Name <b>VIOLA DEGAITAS</b>		
Street Address <b>90 VILLAGE AVENUE</b>			Street Address <b>90 VILLAGE AVENUE</b>		
City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>500 COMM NO PAR VALUE</b>			<b>100</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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



\* 7 6 1 2 \*

File Date 3/15/04  
 Check No. 115  
 By: VS  
 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.

VS 1/5/04  
 Signature of Officer Date  
**VIOLA DEGAITAS**  
 Print or Type Name of Officer  
**PRESIDENT**  
 Title of Officer



**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. **7612** 2. Name of Corporation **T.J.N. RESTAURANT, INC.**  
3. Street Address Principal Business Office **326 Cranston Street** City **Providence** State **RI** Zip **02907**  
4. Business Phone No. **401/861-7090** 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 <b>Viola Degaitas</b>	Vice President Name
Street Address <b>90 Village Avenue</b>	Street Address
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City State Zip
Secretary Name <b>Viola Degaitas</b>	Treasurer Name
Street Address <b>90 Village Avenue</b>	Street Address
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City State Zip

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

Director Name <b>Henry Degaitas</b>	Director Name <b>Viola Degaitas</b>
Street Address <b>90 Village Avenue</b>	Street Address <b>90 Village Avenue</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>
Director Name <b>none</b>	Director Name <b>none</b>
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
	<b>500 COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>100</b>	<b>common</b>	<b>no par value</b>

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



\* 7 6 1 2 \*

File Date: 3-18-03  
Check No.: 1913  
By: ICP

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.

Viola Degaitas 1/6/03  
Signature of Officer Date  
**Viola Degaitas**  
Print or Type Name 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. **7612** 2. Name of Corporation **T.J.N. RESTAURANT, INC.**  
 3. Street Address Principal Business Office **326 Cranston Street** City **Providence** State **RI** Zip **02907**  
 4. Business Phone No. **401/861-7090** 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 <b>Viola Degaitas</b>	Vice President Name <b>Henry Degaitas</b>
Street Address <b>90 Village Avenue</b>	Street Address <b>90 Village Avenue</b>
City State Zip <b>Cranston RI 02920</b>	City State Zip <b>Cranston RI 02920</b>
Secretary Name <b>Viola Degaitas</b>	Treasurer Name
Street Address <b>90 Village Avenue</b>	Street Address
City State Zip <b>Cranston RI 02920</b>	City State Zip <b>Cranston RI 02920</b>

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

Director Name <b>Henry Degaitas</b>	Director Name <b>Viola Degaitas</b>
Street Address <b>90 Village Avenue</b>	Street Address <b>90 Village Avenue</b>
City State Zip <b>Cranston RI 02920</b>	City State Zip <b>Cranston RI 02920</b>
Director Name <b>none</b>	Director Name <b>none</b>
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  
**500 COMM NO PAR VALUE**

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

ISSUED SHARES  
 Number of Shares Class/Series Par Value  
**100 common no par value**

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



\* 7 6 1 2 \*

File Date: 3.8.02

Check No.: 1786

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] 1/7/02  
 Signature of Officer Date

Viola Degaitas  
 Print or Type Name of Officer President

Title of Officer  
 5



**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. **7612** 2. Name of Corporation **T.J.N. RESTAURANT, INC.**

3. Street Address Principal Business Office **326 Cranston Street** City **Providence** State **RI** Zip **02907**

4. Business Phone No. **401/861-7090** 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 **VIOLA DEGAITAS**  
Street Address **90 VILLAGE AVENUE**  
City **CRANSTON** State **RI** Zip **02920**

Vice President Name **HENRY DEGAITAS**  
Street Address **90 VILLAGE AVENUE**  
City **CRANSTON** State **RI** Zip **02920**

Secretary Name **VIOLA DEGAITAS**  
Street Address **90 VILLAGE AVENUE**  
City **CRANSTON** State **RI** Zip **02920**

Treasurer Name **HENRY DEGAITAS**  
Street Address **90 VILLAGE AVENUE**  
City **CRANSTON** State **RI** Zip **02920**

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

Director Name **HENRY DEGAITAS**  
Street Address **90 VILLAGE AVENUE**  
City **CRANSTON** State **RI** Zip **02920**

Director Name **VIOLA DEGAITAS**  
Street Address **90 VILLAGE AVENUE**  
City **CRANSTON** State **RI** Zip **02920**

Director Name **NONE**

Director Name **NONE**

Street Address  
City State Zip

Street Address  
City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**500 SHS NO PAR COM**

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

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

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



\* 7 6 1 2 \*

File Date: 2/8

Check No.: 1603

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 1/8/01

**VIOLA DEGAITAS**

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. **7612** 2. Name of Corporation **T.J.N. RESTAURANT, INC.**  
3. Street Address Principal Business Office **326 Cranston Street** City **Providence** State **RI** Zip **02907**  
4. Business Phone No. **401 861 7090** 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**

<b>President Name</b> Viola Degaitas	<b>Vice President Name</b> Henry Degaitas
<b>Street Address</b> 90 Village Avenue	<b>Street Address</b> 90 Village Avenue
<b>City</b> Cranston <b>State</b> RI <b>Zip</b> 02920	<b>City</b> Cranston <b>State</b> RI <b>Zip</b> 02920
<b>Secretary Name</b> Viola Degaitas	<b>Treasurer Name</b> Henry Degaitas
<b>Street Address</b> 90 Village Avenue	<b>Street Address</b> 90 Village Avenue
<b>City</b> Cranston <b>State</b> RI <b>Zip</b> 02920	<b>City</b> Cranston <b>State</b> RI <b>Zip</b> 02920

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

<b>Director Name</b> Henry Degaitas	<b>Director Name</b> Viola Degaitas
<b>Street Address</b> 90 Village Avenue	<b>Street Address</b> 90 Village Avenue
<b>City</b> Cranston <b>State</b> RI <b>Zip</b> 02920	<b>City</b> Cranston <b>State</b> RI <b>Zip</b> 02920
<b>Director Name</b>	<b>Director Name</b>
<b>Street Address</b>	<b>Street Address</b>
<b>City</b> <b>State</b> <b>Zip</b>	<b>City</b> <b>State</b> <b>Zip</b>

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

**AUTHORIZED SHARES**

<b>Number of Shares</b>	<b>Class/Series</b>	<b>Par Value</b>
500 SHS NO PAR COM		

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

**ISSUED SHARES**

<b>Number of Shares</b>	<b>Class/Series</b>	<b>Par Value</b>
100	common	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: 2-29-00  
Check No.: 1482  
By: AMF

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: Viola Degaitas Date: 1/3/00  
Print or Type Name of Officer: President  
Title of Officer: \_\_\_\_\_

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>7612</b>		2. Name of Corporation <b>T.J.N. RESTAURANT, INC.</b>	
3. Street Address Principal Business Office <b>326 CRANSTON STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02907</b>	
4. Business Phone No. <b>401 861 7090</b>	5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>3079</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>RESTAURANT</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>VIOLA DEGAITAS</b>		Vice President Name <b>HENRY DEGAITAS</b>	
Street Address <b>90 VILLAGE AVENUE</b>		Street Address <b>90 VILLAGE AVENUE</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>CRANSTON</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02920</b>	
Secretary Name <b>VIOLA DEGAITAS</b>		Treasurer Name <b>HENRY DEGAITAS</b>	
Street Address <b>90 VILLAGE AVENUE</b>		Street Address <b>90 VILLAGE AVENUE</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>CRANSTON</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02920</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>HENRY DEGAITAS</b>		Director Name <b>VIOLA DEGAITAS</b>	
Street Address <b>90 VILLAGE AVENUE</b>		Street Address <b>90 VILLAGE AVENUE</b>	
City <b>CRANSTON</b>	State <b>RI</b>	City <b>CRANSTON</b>	State <b>RI</b>
Zip <b>02920</b>		Zip <b>02920</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>500 SHS NO PAR COM</b>		<b>100</b>	<b>COMMON</b>
Par Value		Par Value	<b>NO PAR VALUE</b>

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



File Date: Feb 16, 99

Check No.: 1317

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: 1/4/99

Print or Type Name of Officer: VIOLA DEGAITAS

Title of Officer: PRESIDENT



# 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. **7612** 2. Name of Corporation **T.J.N. RESTAURANT, INC.**

3. Street Address Principal Business Office **326 CRANSTON STREET** City **PROVIDENCE** State **RI** Zip **02907**  
4. Business Phone No. **401-861-7090** 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)

President Name <b>VIOLA DEGAITAS</b> Street Address <b>90 VILLAGE AVENUE</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>	Vice President Name <b>HENRY DEGAITAS</b> Street Address <b>90 VILLAGE AVENUE</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>
Secretary Name <b>VIOLA DEGAITAS</b> Street Address <b>90 VILLAGE AVENUE</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>	Treasurer Name <b>HENRY DEGAITAS</b> Street Address <b>90 VILLAGE AVENUE</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>

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

Director Name <b>HENRY DEGAITAS</b> Street Address <b>90 VILLAGE AVENUE</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>	Director Name <b>VIOLA DEGAITAS</b> Street Address <b>90 VILLAGE AVENUE</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>
---	---

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>500 SHS NO PAR COM</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>

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



File Date: 3/4

Check No.: 1160

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 1/5/98  
**VIOLA DEGAITAS**

Print or Type Name of Officer  
**PRESIDENT**

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **7612** 2. Name of Corporation **T.J.N. RESTAURANT, INC.**  
3. Street Address Principal Business Office **326 CRANSTON STREET** City **PROVIDENCE** State **RI** Zip **02907**  
4. Business Phone No. **(401) 861-7090** 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)

President Name <b>VIOLA DEGAITAS</b> Street Address <b>90 VILLAGE AVENUE</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>	Vice President Name <b>HENRY DEGAITAS</b> Street Address <b>90 VILLAGE AVENUE</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>
Treasurer Name <b>VIOLA DEGAITAS</b> Street Address <b>90 VILLAGE AVENUE</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>	Secretary Name <b>HENRY DEGAITAS</b> Street Address <b>90 VILLAGE AVENUE</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>

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

Director Name <b>HENRY DEGAITAS</b> Street Address <b>90 VILLAGE AVENUE</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>	Director Name <b>VIOLA DEGAITAS</b> Street Address <b>90 VILLAGE AVENUE</b> City <b>CRANSTON</b> State <b>RI</b> Zip <b>02920</b>
Director Name <b>NONE</b> Street Address <b>NONE</b> City _____ State _____ Zip _____	Director Name <b>NONE</b> Street Address <b>NONE</b> 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
<b>500 SHS NO PAR COM</b>			<b>100</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>

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



\* 7 6 1 2 \*

File Date: 2-13-97

Check No.: 1052

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.

Viola Degaitas 1/6/97  
Signature of Officer Date

VIOLA DEGAITAS  
Print or Type Name of Officer

PRESIDENT  
Title of Officer

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantings  
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. 2. NAME OF CORPORATION  
7612 T.J.N. Restaurant, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE CITY STATE ZIP CODE  
326 Cranston Street Providence RI 02907

4. BUSINESS PHONE NO. 5. STATE OF INCORPORATION 6. SIC CODE  
401-861-7090 Rhode Island 3079

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
Restaurant

**8. NAMES AND ADDRESSES OF THE OFFICERS**

PRESIDENT NAME			VICE PRESIDENT NAME		
Viola Degaitas			Henry Degaitas		
STREET ADDRESS			STREET ADDRESS		
90 Village Avenue			90 Village Avenue		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Cranston	RI	02920	Cranston	RI	02920
SECRETARY NAME			TREASURER NAME		
Viola Degaitas			Henry Degaitas		
STREET ADDRESS			STREET ADDRESS		
90 Village Avenue			90 Village Avenue		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Cranston	RI	02920	Cranston	RI	02920

**9. NAMES AND ADDRESSES OF THE DIRECTORS**

DIRECTOR NAME			DIRECTOR NAME		
Henry Degaitas			Henry Degaitas		
STREET ADDRESS			STREET ADDRESS		
90 Village Avenue			90 Village Avenue		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Cranston	RI	02920	Cranston	RI	02920
DIRECTOR NAME			DIRECTOR NAME		
Viola Degaitas			Viola Degaitas		
STREET ADDRESS			STREET ADDRESS		
90 Village Avenue			90 Village Avenue		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Cranston	RI	02920	Cranston	RI	02920

**10. SHARES AUTHORIZED AND ISSUED**

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
500 SHS	NO PAR COMMON		100	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: 3-8-96  
Check No: 3698  
By: *sd*  
For Secretary of State Use Only

*Viola Degaitas*  
Signature of Officer  
*Viola Degaitas*  
Print or Type Name of Officer  
*President*  
Title of Officer  
1/8/96  
Date



Office of The Secretary of State  
 100 North Main Street  
 Providence, Rhode Island 02903-1335  
 401-277-3040

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: 0007612 Annual Report for the year: 1995

Name of Corporation: T. J. N. RESTAURANT, INC.

Business entity organized under the laws of the State of: Rhode Island Business Entity is (check one):  
 For foreign entity, address and telephone number of principal office:  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):  
326 Cranston Street  
Providence, RI 02907  
 Phone: ( ) 401-861-7090

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

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Viola Degaitas</u>	<u>90 Village Avenue</u>	<u>Cranston, RI</u>	<u>02920</u>
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Henry Degaitas</u>	<u>90 Village Avenue</u>	<u>Cranston, RI</u>	<u>02920</u>
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Charles Degaitas</u>	<u>90 Village Avenue</u>	<u>Cranston, RI</u>	<u>02920</u>
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Viola Degaitas</u>	<u>90 Village Avenue</u>	<u>Cranston, RI</u>	<u>02920</u>

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Viola Degaitas</u>	<u>90 Village Avenue</u>	<u>Cranston, RI</u>	<u>02920</u>
<u>Charles Degaitas</u>	<u>90 Village Avenue</u>	<u>Cranston, RI</u>	<u>02920</u>
<u>Henry Degaitas</u>	<u>90 Village Avenue</u>	<u>Cranston, RI</u>	<u>02920</u>

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
<u>500</u>	<u>Common</u>	<u>100</u>	<u>Common</u>

Date January 9, 19 95

By: Viola Degaitas  
 PRINT OR TYPE NAME OF OFFICER SIGNING Viola Degaitas  
 TITLE OF OFFICER SIGNING President

Form 31 1/95

**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.

GEORGE J. GROSSI  
 70 JEFFERSON BOULEVARD  
 WARWICK RI 02888

**FILED**

APR 18 1995

By: [Signature] 138

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  
LLC: Sept 1 - Nov 1  
CORP Jan 1 - March 1

*RIPCA 390 \$50.00*

Corporate ID: 0007E1E Annual Report for the year: 1994

Name of Business Entity: T. J. N. RESTAURANT, INC.

Business entity organized under the laws of the State of Rhode Island  
Federal Taxpayer Identification Number [REDACTED]  
For foreign entity, address and telephone number of principal office:  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
326 Cranston Street  
Providence, RI  
Phone: ( 401 ) 861-7090

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:  
George J. Grossi, Esquire  
70 Jefferson Boulevard  
Warwick, RI 02888  
Brief statement of the character of business conducted in Rhode Island  
Restaurant  
Date of Organization: 10/1/73 ME  
Date of Qualification to do business in Rhode Island (if foreign entity): \_\_\_\_\_

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Viola Degaitas</u>	<u>90 Village Avenue</u>	<u>Cranston, RI</u>	<u>02920</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Charles Degaitas</u>	<u>90 Village Avenue</u>	<u>Cranston, RI</u>	<u>02920</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Viola Degaitas</u>	<u>90 Village Avenue</u>	<u>Cranston, RI</u>	<u>02920</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Viola Degaitas</u>	<u>90 Village Avenue</u>	<u>Cranston, RI</u>	<u>02920</u>
<u>Charles Degaitas</u>	<u>90 Village Avenue</u>	<u>Cranston, RI</u>	<u>02920</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	<u>500</u>	NUMBER	<u>100</u>
CLASS	<u>Common</u>	CLASS	<u>Common</u>
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	<u>without par value</u>	PAR VALUE OR WITHOUT PAR	<u>without par value</u>

Date January 10 1994

By: Viola Degaitas  
Viola Degaitas  
\_\_\_\_\_  
President  
TITLE OF OFFICER SIGNING

Form 3 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 LLC 3 must be filed.

GEORGE J. GROSSI  
70 JEFFERSON BOULEVARD  
WARWICK RI 02888

FILED  
MAR 1 1994  
By ME 59

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

220

Corporate ID.....0007612..... Annual Report for the year.....1993

FIRST: The name of the corporation is.....TJN Restaurant, Inc. (aka John's New York System)

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.....328 Cranston Street, Providence, RI

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

Name	Office	Address (including number, street, zip code)
Viola Degaitas	Director	17 Hudson Street, Providence, RI
Charles Degaitas	Director	17 Hudson Street, Providence, RI
	Director	
Viola Degaitas	President	17 Hudson Street, Providence, RI
	Vice President	
Charles Degaitas	Secretary	17 Hudson Street, Providence, RI
Viola Degaitas	Treasurer	17 Hudson Street, Providence, RI

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

FEB 02 1993

SECRET

Dated January 11, 1993

T.J.N. Restaurant, Inc.  
(Name of Corporation)

By *Viola Degaitas*

Title President

(Report must be signed by an officer)

117011 110

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0007612..... Annual Report for the year.....1992.....

FIRST: The name of the corporation is.....T. J. N. RESTAURANT, INC.....  
.....d/b/a.....JOHN'S NEW YORK SYSTEM.....

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.....328 Cranston Street Providence RI.....

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

Name	Office	Address (including number, street, zip code)
Viola Degaitas	Director	90 Village Avenue Cranston, RI 02920
Charles Degaitas	Director	90 Village Avenue Cranston, RI 02920
	Director	
Viola Degaitas	President	90 Village Avenue Cranston, RI 02920
	Vice President	
Charles Degaitas	Secretary	90 Village Avenue Cranston, RI 02920
Viola Degaitas	Treasurer	90 Village Avenue Cranston, RI 02920

SEVENTH: Number of Shares authorized:

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

PAID

EIGHTH: Number of Shares issued:

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

MAR 02 1992  
SECY OF STATE

Dated February 20, 1992

T. J. N. RESTAURANT, INC.  
(Name of Corporation)

By: *Viola Degaitas*  
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.....7612..... Annual Report for the year ~~1991~~

FIRST: The name of the corporation is T.J.N. RESTAURANT, INC.

d/b/a JOHN'S NEW YORK SYSTEM

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 328 Cranston Street, Providence,

Rhode Island

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

Name	Office	Address (including number, street, zip code)
Viola Degaitas	Director	17 Hudson Street, Providence, R.I.
Charles Degaitas	Director	17 Hudson Street, Providence, R.I.
	Director	
Viola Degaitas	President	17 Hudson Street, Providence, R.I.
	Vice President	
Charles Degaitas	Secretary	17 Hudson Street, Providence, R.I.
Viola Degaitas	Treasurer	17 Hudson Street, Providence, R.I.

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

Dated January 11, 19 91

T.J.N. RESTAURANT, INC.  
(Name of Corporation)

By Viola Degaitas

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  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

*CV*

Corporate ID 7612 Annual Report for the year 1990

FIRST: The name of the corporation is T.J.N. RESTAURANT, INC.  
d/b/a JOHN'S NEW YORK SYSTEM

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 328 Cranston Street, Providence,  
Rhode Island

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

Name	Office	Address (including number, street, zip code)
Viola Degaitas	Director	17 Hudson Street, Providence, R.I.
Charles Degaitas	Director	17 Hudson Street, Providence, R.I.
	Director	
Viola Degaitas	President	17 Hudson Street, Providence, R.I.
	Vice President	
Charles Degaitas	Secretary	17 Hudson Street, Providence, R.I.
Viola Degaitas	Treasurer	17 Hudson Street, Providence, R.I.

SEVENTH: Number of Shares authorized:

No. of Shares	Class
500	Common

**PAID**  
Series  
**JAN 30 1990**  
REC'Y. OF STA

Par Value  
or statement that  
shares are without  
par value  
  
No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
100	Common

Par Value  
or statement that  
shares are without  
par value  
  
No par value

Dated January 13 1990

T.J.N. RESTAURANT, INC.  
(Name of Corporation)

By *Viola Degaitas*  
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 7612 Annual Report for the year 1989

FIRST: The name of the corporation is T.J.N. RESTAURANT, INC.

d/b/a JOHN'S NEW YORK SYSTEM

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 328 Cranston Street, Providence,  
Rhode Island

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

Name	Office	Address (including number, street, zip code)
<u>Viola Degaitas</u>	<u>Director</u>	<u>17 Hudson Street, Providence, R.I.</u>
<u>Charles Degaitas</u>	<u>Director</u>	<u>17 Hudson Street, Providence, R.I.</u>
	<u>Director</u>	
<u>Viola Degaitas</u>	<u>President</u>	<u>17 Hudson Street, Providence, R.I.</u>
	<u>Vice President</u>	
<u>Charles Degaitas</u>	<u>Secretary</u>	<u>17 Hudson Street, Providence, R.I.</u>
<u>Viola Degaitas</u>	<u>Treasurer</u>	<u>17 Hudson Street, Providence, R.I.</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>500</u>	<u>Common</u>		<u>No par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>Common</u>		<u>No par value</u>

**PAID**  
FEB 07 1989  
SECY. OF STATE

Dated January 13, 19 89

T.J.N. RESTAURANT, INC.  
(Name of Corporation)

By Viola Degaitas  
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 7612 Annual Report for the year 1988

FIRST: The name of the corporation is T.J.N. 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 328 Cranston Street, Providence, R.I.

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

Name	Office	Address (including number, street, zip code)
Viola Degaitas	Director	17 Hudson Street, Providence, R.I.
Charles Degaitas	Director	17 Hudson Street, Providence, R.I.
	Director	
Viola Degaitas	President	17 Hudson Street, Providence, R.I.
	Vice President	
Charles Degaitas	Secretary	17 Hudson Street, Providence, R.I.
Viola Degaitas	Treasurer	17 Hudson Street, Providence, R.I.

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

PAID

JAN 29 1988

SECY. OF STATE

FEB 2 1988

SML

Dated January 21, 19 88

T.J.N. RESTAURANT, INC.  
(Name of Corporation)

By Viola Degaitas

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 7612 Annual Report for the year 1987

FIRST: The name of the corporation is T.J.N. 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 328 Cranston Street, Providence, R.I.

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

Name	Office	Address (including number, street, zip code)
<u>Viola Degaitas</u>	<u>Director</u>	<u>17 Hudson Street, Providence, R.I.</u>
<u>Charles Degaitas</u>	<u>Director</u>	<u>17 Hudson Street, Providence, R.I.</u>
	<u>Director</u>	
<u>Viola Degaitas</u>	<u>President</u>	<u>17 Hudson Street, Providence, R.I.</u>
	<u>Vice President</u>	
<u>Charles Degaitas</u>	<u>Secretary</u>	<u>17 Hudson Street, Providence, R.I.</u>
<u>Viola Degaitas</u>	<u>Treasurer</u>	<u>17 Hudson Street, Providence, R.I.</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>500</u>	<u>Common</u>	<u>PAID</u>	<u>No par value</u>
		<u>JAN 20 1987</u>	

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>Common</u>	<u>SECY. OF STATE</u>	<u>No par value</u>
		<u>SECY. OF STATE</u>	

Dated January 15 19 87

T.J.N. RESTAURANT, INC.  
(Name of Corporation)  
By: Viola Degaitas  
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 7612 Annual Report for the year 1986

FIRST: The name of the corporation is T.J.N. 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 328 Cranston Street, Providence, RI

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

Name	Office	Address (including number, street, zip code)
<u>Viola Degaitas</u>	<u>Director</u>	<u>17 Hudson Street, Providence, RI</u>
<u>Charles Degaitas</u>	<u>Director</u>	<u>17 Hudson Street, Providence, RI</u>
	<u>Director</u>	
<u>Viola Degaitas</u>	<u>President</u>	<u>17 Hudson Street, Providence, RI</u>
	<u>Vice President</u>	
<u>Charles Degaitas</u>	<u>Secretary</u>	<u>17 Hudson Street, Providence, RI</u>
<u>Viola Degaitas</u>	<u>Treasurer</u>	<u>17 Hudson Street, Providence, RI</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class
<u>500</u>	<u>Common</u>

Par Value  
or statement that  
shares are without  
par value  
No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
<u>100</u>	<u>Common</u>

Par Value  
or statement that  
shares are without  
par value  
No par value

Dated January 15 1986

T.J.N. RESTAURANT, INC.  
(Name of Corporation)

By Viola Degaitas

Title PRESIDENT

(Report must be signed by an officer)

01/23/86 PAID 0538A001

FEB 26 1986  
VR

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Filing fee: \$15.00

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

7/6/85 ✓

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1985

FIRST: The name of the corporation is T.J.N. 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

328 Cranston Street, Providence, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Viola Degaitas	Director	17 Hudson Street, Providence, RI
Charles Degaitas	Director	17 Hudson Street, Providence, RI
	Director	
Viola Degaitas	President	17 Hudson Street, Providence, RI
	Vice President	
Charles Degaitas	Secretary	17 Hudson Street, Providence, RI
Viola Degaitas	Treasurer	17 Hudson Street, Providence, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		no par value

Dated: January 10, 19 85

T.J.N. RESTAURANT, INC.

(Name of Corporation)

By *Charles J. Degaitas*

Title PRESIDENT

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

APR 15 1985  
CHER  
02/01/85 PAID  
15.00

Filing fee: \$15.00

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

**State of Rhode Island and Providence Plantations**  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is T.J.N. 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 (blank reports will be mailed to this address) 328 Cranston Street, Providence, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Viola Degaitas	Director	17 Hudson Street, Providence, RI
Charles Degaitas	Director	17 Hudson Street, Providence, RI
	Director	
Viola Degaitas	President	17 Hudson Street, Providence, RI
	Vice President	
Charles Degaitas	Secretary	17 Hudson Street, Providence, RI
Viola Degaitas	Treasurer	17 Hudson Street, Providence, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

Dated: January 10 19 83

T.J.N. RESTAURANT, INC.

(Name of Corporation)

By: Viola Degaitas

Title: President

(Report must be signed by an officer)

JAN 12 1983

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1982

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	Director	
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	Vice President	
Charles Degaitas	Secretary	17 Hudson Street, Providence, RI
Viola Degaitas	Treasurer	17 Hudson Street, Providence, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

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

JAN 29 1982  
*[Signature]*

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		no par value

Dated: January 12, 19 82

T.J.N. RESTAURANT, INC.  
(Name of Corporation)

By *Viola Degaitas*

Title President

(Report must be signed by an officer)

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OFFICE OF THE SECRETARY OF STATE

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	Vice President	
Charles Degaitas	Secretary	17 Hudson Street, Providence, RI
Violas Degaitas	Treasurer	17 Hudson Street, Providence, RI

(If additional space is needed, attach rider)

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500	common		no par value

EIGHTH: Number of Shares issued:

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

Dated: January 19 84 T.J.N. RESTAURANT, INC.

(Name of Corporation)

By *Viola Degaitas*  
Title PRESIDENT

(Report must be signed by an officer)

JAN 20 1984  
SK

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Filing fee: \$15.00

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State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE  
ANNUAL REPORT  
OF

T.J.N RESTAURANT, INC.

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	Director	
	Director	
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Charles Degaitas	Secretary	17 Hudson Street, Providence, RI
Viola Degaitas	Treasurer	17 Hudson Street, Providence, RI

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
500	Common	81	No Par Value

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JAN 16 1981  
PBA

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
100	Common		No Par Value

Dated January 9, 19 81

T.J.N. RESTAURANT, INC.  
(NAME OF CORPORATION)

By Viola Laguitas  
Its President

Filing fee: \$15.00

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

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**  
**ANNUAL REPORT**  
**OF**

T.J.N. RESTAURANT, INC.

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	Director	
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Nicholas DeGaitas	Vice President	330 Cranston Street, Providence, RI
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Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
500	Common	1 Series 88	No Par Value

FEB 1 1980  
*RBE*

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
100	Common		No Par Value

Dated January 20, 1980 T.J.N. RESTAURANT, INC.  
(NAME OF CORPORATION)

By *John Degauts*  
Its President

Filing fee: \$15.00

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

# State of Rhode Island and Providence Plantations

## OFFICE OF THE SECRETARY OF STATE

### ANNUAL REPORT

OF

T.J.N. RESTAURANT, INC.

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	Director	
John DeGaitas	President	17 Hudson Street, Providence, R. I.
Nicholas DeGaitas	Vice President	330 Cranston Street, Providence, R. I.
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Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
500	common	3 13 79	no par

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
100	common		no par

Dated February 21, , 19 79 . . . . . T.J.N. RESTAURANT, INC. . . . .  
(NAME OF CORPORATION)

By *John Degitar*  
Its President

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE  
ANNUAL REPORT  
OF

T.J.N. RESTAURANT, INC.

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	Director	
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500	common		no par value

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100	common		no par value

Dated January , 19 78

T.S.N. RESTAURANT, INC.  
(NAME OF CORPORATION)

By *Michael J. Lyntas*  
Its Vice President

Filing fee: \$15.00

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

# State of Rhode Island and Providence Plantations

## OFFICE OF THE SECRETARY OF STATE

### ANNUAL REPORT

#### OF

T.J.N. RESTAURANT, INC.

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	Director	
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500	Common		No Par Value

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Dated January 13, 19 77 T.J.N. RESTAURANT, INC.

(NAME OF CORPORATION)

By *Nicholas J. Magalas*  
President

Filing fee: \$15.00

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

# State of Rhode Island and Providence Plantations

## OFFICE OF THE SECRETARY OF STATE

### ANNUAL REPORT

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FEB - 6 1976  
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100	common		no par

Dated January 26, 1976

T.J.N. RESTAURANT, INC.

(NAME OF CORPORATION)

By John Degaitas  
Its President

REC-OF STATE 1673 11-11-76 15.00

Filing fee: \$15.00

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

# State of Rhode Island and Providence Plantations

## OFFICE OF THE SECRETARY OF STATE

### ANNUAL REPORT

#### OF

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JAN 29 1975

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100	common		no par

Dated January 20, 1975

T. J. N. RESTAURANT, INC.  
(NAME OF CORPORATION)

By: *John Degaites*  
Its President

REC-OF STATE 516 AR\*\*\*15.00

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE  
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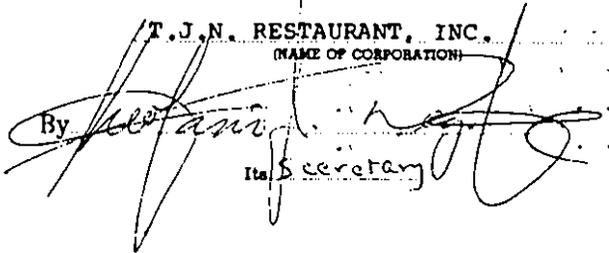
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JAN 23 1974

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100	common		no par

Dated January 17, 1974

T.J.N. RESTAURANT, INC.  
(NAME OF CORPORATION)  
By   
Its Secretary

FEB -7-74 SEC-OF STATE 7586 AR\*\*\*15.00