



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. 102816		2. Name of Corporation Timmy's Restaurant, Inc.			
3. Street Address Principal Business Office 644 West Shore Road			City Warwick	State RI	Zip 02889
4. Business Phone No. (401) 732-4086		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND OPERATE A RESTAURANT, TO SELL FOOD AND BEVERAGES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Constantine Panteleakis			Vice President Name Constantine Panteleakis		
Street Address 737 Oakland Beach Avenue			Street Address 737 Oakland Beach Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Constantine Panteleakis			Treasurer Name Constantine Panteleakis		
Street Address 737 Oakland Beach Avenue			Street Address 737 Oakland Beach Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			500	Common	None

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



File Date 2-28-05
Check No. 5154
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] 2-23-05
Signature of Officer Date
Constantine Panteleakis
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 102816		2. Name of Corporation Timmy's Restaurant, Inc.					
3. Street Address Principal Business Office 644 West Shore Road				City Warwick		State RI	Zip 02889
4. Business Phone No. (401)732-4086			5. State of Incorporation RHODE ISLAND			6. SIC Code 3079	
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND OPERATE A RESTAURANT, TO SELL FOOD AND BEVERAGES.							
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Constantine Panteleakis				Vice President Name Constantine Panteleakis			
Street Address 264 Randall Avenue				Street Address 264 Randall Avenue			
City Warwick		State RI	Zip 02889		City Warwick		State RI
Secretary Name Constantine Panteleakis				Treasurer Name Constantine Panteleakis			
Street Address 264 Randall Avenue				Street Address 264 Randall Avenue			
City Warwick		State RI	Zip 02889		City Warwick		State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name NONE				Director Name NONE			
Street Address				Street Address			
City		State	Zip		City		State
Director Name NONE				Director Name NONE			
Street Address				Street Address			
City		State	Zip		City		State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES				ISSUED SHARES			
Number of Shares		Class/Series	Par Value		Number of Shares		Class/Series
4,000 NO PAR VALUE					500		Common
							No Par

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



* 1 0 2 8 1 6 *

File Date 3-2-04
Check No. 5128
By: lp
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.

Constantine Panteleakis
Signature of Officer
Date 3/1/04
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. **102816**
2. Name of Corporation **Timmy's Restaurant, Inc.**
3. Street Address Principal Business Office
644 West Shore Road
4. Business Phone No. **(401) 732-4086**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Retail sale of food and beverage

City **Warwick** State **RI** Zip **02889**
6. SIC Code **3079**

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

President Name
Constantine Panteleakis
Street Address
264 Randall Avenue
City **Warwick** State **RI** Zip **02889**

Vice President Name
Constantine Panteleakis
Street Address
264 Randall Avenue
City **Warwick** State **RI** Zip **02889**

Secretary Name
Constantine Panteleakis
Street Address
264 Randall Avenue
City **Warwick** State **RI** Zip **02889**

Treasurer Name
Constantine Panteleakis
Street Address
264 Randall Avenue
City **Warwick** State **RI** Zip **02889**

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

Director Name
None
Street Address
None
City **None** State **None** Zip **None**
Director Name
None
Street Address
None
City **None** State **None** Zip **None**

Director Name
None
Street Address
None
City **None** State **None** Zip **None**
Director Name
None
Street Address
None
City **None** State **None** Zip **None**

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	4,000	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	500	Common	None

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



* 1 0 2 8 1 6 *

File Date: 2/14/03
Check No.: 4978
By: [Signature]

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]
Signature of Officer _____ Date _____

Print or Type Name of Officer _____



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. **102816**
2. Name of Corporation **Timmy's Restaurant, Inc.**
3. Street Address Principal Business Office
644 West Shore Road
4. Business Phone No. **(401) 732-4086**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Warwick** State **RI** Zip **02889**
6. SIC Code **3079**

Retail sale of food and beverages

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

President Name
Constantine Panteleakis
Street Address
264 Randall Avenue
City **Warwick** State **RI** Zip **02889**

Vice President Name
Constantine Panteleakis
Street Address
264 Randall Avenue
City **Warwick** State **RI** Zip **02889**

Secretary Name
Constantine Panteleakis
Street Address
264 Randall Avenue
City **Warwick** State **RI** Zip **02889**

Treasurer Name
Constantine Panteleakis
Street Address
264 Randall Avenue
City **Warwick** State **RI** Zip **02889**

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

Director Name
NONE
Street Address
NONE
City State Zip

Director Name
NONE
Street Address
NONE
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
4,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
500 COMMON NO PAR

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



* 1 0 2 8 1 6 *

1-17-02

File Date: _____

4804

Check No.: _____

C

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.

Constantine Panteleakis
Signature of Officer _____ Date _____

Constantine Panteleakis

Print or Type Name of Officer

President

Title of Officer



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. **102816** 2. Name of Corporation **Timmy's Restaurant, Inc.**

3. Street Address Principal Business Office **644 W SHORE RD** City **WARWICK** State **RI** Zip **02889**

4. Business Phone No. **(401) 732-4086** 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 Constantine Panteleakis Street Address 264 Randall Avenue City Warwick State RI Zip 02889	Vice President Name Constantine Panteleakis Street Address 264 Randall Ave City Warwick State RI Zip 02889
---	---

Secretary Name Constantine Panteleakis Street Address 264 Randall Street City Warwick State RI Zip 02889	Treasurer Name Constantine Panteleakis Street Address 264 Randall Street City Warwick State RI Zip 02889
---	---

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

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

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

AUTHORIZED SHARES	Class/Series	Par Value
4,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
NONE		0

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



* 1 0 2 8 1 6 *

File Date: 4-20-01

Check No.: 4644

By: Cc

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.

Constantine Panteleakis Signature of Officer 2/19/01 Date

Constantine Panteleakis 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. **102816**
2. Name of Corporation **Timmy's Restaurant, Inc.**
3. Street Address Principal Business Office
644 West Shore Road
4. Business Phone No. **(401)732-4086**
5. State of Incorporation **RHODE ISLAND**

City **Warwick** State **RI** Zip **02889**
6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island
Retail sale of food and beverages

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

President Name **Constantine Panteleakis**
Street Address
264 Randall Avenue
City **Warwick** State **RI** Zip **02889**

Vice President Name **Constantine Panteleakis**
Street Address
264 Randall Avenue
City **Warwick** State **RI** Zip **02889**

Secretary Name **Constantine Panteleakis**
Street Address
264 Randall Avenue
City **Warwick** State **RI** Zip **02889**

Treasurer Name **Constantine Panteleakis**
Street Address
264 Randall Avenue
City **Warwick** State **RI** Zip **02889**

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

Director Name **NONE**
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
4,000 NO PAR VALUE

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

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

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



* 1 0 2 8 1 6 *

File Date: 1/21/00
Check No.: 4161
By: [Signature]

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] 1/20/00
Signature of Officer Date

Constantine Panteleakis

Print or Type Name of Officer

President

Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.		2. Name of Corporation		
102816		Timmy's Restaurant, Inc.		
3. Street Address Principal Business Office		City	State	Zip
644 West Shore Road		Warwick	RI	02889
4. Business Phone No.	5. State of Incorporation		6. SIC Code	
(401)732-4086	RHODE ISLAND		3079	
7. Brief Description of the Character of Business Conducted in Rhode Island				
Retail sale of food and beverages				

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

President Name			Vice President Name		
Constantine Panteleakis			Constantine Panteleakis		
Street Address			Street Address		
264 Randall Avenue			264 Randall Avenue		
City	State	Zip	City	State	Zip
Warwick	RI	02889	Warwick	RI	02889
Secretary Name			Treasurer Name		
Constantine Panteleakis			Constantine Panteleakis		
Street Address			Street Address		
264 Randall Avenue			264 Randall Avenue		
City	State	Zip	City	State	Zip
Warwick	RI	02889	Warwick	RI	02889

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

Director Name			Director Name		
NONE			NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
NONE			NONE		
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
4,000	NO PAR VALUE		500	COMMON	NO PAR

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



* 1 0 2 8 1 6 *

File Date: Feb 17 99
4028
- 99

Check No.:

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: *Constantine Panteleakis*
Date: 2-16-99

Constantine Panteleakis
Print or Type Name of Officer