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.	2. Name of Corporation
137616	Blue Plate Diner, Inc.

3. Street Address Principal Business Office	City	State	Zip
665 WEST MAIN ROAD	MIDDLETOWN	RI	02842

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-848-9500	RHODE ISLAND	3079

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE A RESTAURANT, TO OWN AND LEASE REAL ESTATE

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

President Name	Vice President Name
GEORGE KAROUSOS	THEODORE KAROUSOS
Street Address	Street Address
25 OLD BEACH ROAD	25 OLD BEACH ROAD
City / State / Zip	City / State / Zip
NEWPORT / RI / 02840	NEWPORT / RI / 02840
Secretary Name	**Treasurer Name**
GEROGE KAROUSOS	THEODORE KAROUSOS
Street Address	Street Address
25 OLD BEACH ROAD	25 OLD BEACH ROAD
City / State / Zip	City / State / Zip
NEWPORT / RI / 02840	NEWPORT / RI / 02840

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

Director Name	Director Name
GEORGE KAROUSOS	THEODORE KAROUSOS
Street Address	Street Address
25 OLD BEACH ROAD	25 OLD BEACH ROAD
City / State / Zip	City / State / Zip
NEWPORT / RI / 02840	NEWPORT / RI / 02840
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 Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
8,000	$1.00 PAR VALUE		100	COMMON	1.00 PAR VALU

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

[redacted] 1 3 7 6 1 6 [redacted]

137616 DBC 02/22/05 07:39:38 PM
File Date 2.22.05
Check No. 1092
By: DL
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.

George Karousos 2/24/05
Signature of Officer *Date*

GEORGE KAROUSOS
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

Form 630 12/01