

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

Matthew A. Brown, Secretary of State

Corporations Division 109 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2005
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(FORM MUST BE TYPED OR	I - March I	ung Fee: \$50.00			
1. Corporate ID No. 72322	2. Name of Corpor MILLER'S C	ROSSING, INC.			
3. Street Address Principal Busi			Cuy	State	Zip
1281 Hope Ri	oad	15 (1.1(1	Hope	RI_	02831
4015249000		5. State of Incorporati			6. SIC Gule
7 Brief Description of the Char	ncter of Business Conducte	RHODE ISLAN I in Rhode Island	<u>ID </u>	<u> </u>	3079
A BAR AND RESTA 8. NAMES AND ADDRES Prosident Name David J.	SSES OF THE OFFICE	ERS: ("X" BOX FOR A	TTACHMENT) [] FILL IN	SPACES BEFORE USI	NG ATTACHMENTS
Sinst Address	MILIEL	·	Street Address		
1281 Hope	Rd.				
City	State	ZIp	City	State	Zip
Норе	RI	02831			
Secretary Name			Tossarer Name		
Street Address			Street Address	<u> </u>	· · · · · · · · · · · · · · · · · · ·
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES Director Name	SSES OF THE DIREC	TORS: ("X" BOX FOR	ATTACHMENT) FILL. Director Name	IN SPACES BEFORE U	SING ATTACHMENTS
Street Address			Siren Address		
City	State	Zip	Cuy	State	Zip
Director Name	J	J	Director Name	l	
Street Address			Street Address		 -
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	 ED <i>("X" BOX FOR A</i>	ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT) 🗆
Number of Shares	GasySeries -	Par Value	Number of Shares	ClassiSeries	Par Value
100 NO PAR VALUE		-	_ 0 _		
This report must	be signed in ink by	either the President, Vic	e President, Secretary, Assist	tant Secretary, Treasure	r. Receiver or Trustee
		### ## ### 	including any acco	mpanying selectules and s	that I have examined this replacements, and that all statem
File Date	FILED	_],	contained herein a	ende and correct.	2/5/6
Check No. By_	1 5 2005 G	896	Sygnature of Officer	JAM12 M	zllen-
By:	140	_	Print or Type Name		Con vive
FOR SECRETARY O	OF STATE USE ONLY		Tille of Officer	16 W.	-



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)

	Transcript in District			· _	
1. Corporate ID No. 72322	2. Name of Corpo	milon CROSSINS	TNC		
		() (KO22142	· , · · ·	Τ -	T-i
<u> </u>	siness Office)	City HOPR	State RZ	^{zip} 02831
1 Business Phone No. 401-524-9	i o c 0	5. State of Tycorporatio	" I SLANN		6. SIC Civile 3079.
7. Brief Description of the Cha	ractor of Business Conducti			•	· · · · · · · · · · · · · · · · · · ·
		1082~45>		•	
		ERS: ("X" BOX FOR AT	TACHMENT) FILL I	N SPACES BEFORE USIN	G ATTACHMENTS
President Name			Vice President Name		
DAULY JA	Ames mall	en	DAULT	115M 29MAT	en
Street Address		•	Street Address		
1281	Hope	<i>(1)</i>	1281	Hope n	50
City	State 2	21p U) 431	City	State RT	02831
HUPE.	1 14.7	107 221	Hope		102831
Secretary Name			Treasurer Name		
			- 		
Street Address			Street Address	•	
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City	State	Zip	City	State	Zip
			:		1
	ESSES OF THE DIREC	CTORS: ("X" BOX FOR A	· · ·	. IN SPACES BEFORE US	ING ATTACHMENTS
Director Name			Director Name		
Street Address			Street Address		
City	State	2%	: cu.	State	Zip
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Diagram Name			Director Name		l
Director Name			Director Name		
Street Address			Street Address		
Sireer Maares			·		
City	State	Zip	City	State	Zip
10. SHARES AUTHORI	ZED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	нмеnт) [
AUTHORIZED SHARES		_	ISSUED SHARES		_
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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100 No	Par Valu?				
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This report mu	st be <mark>signed in ink</mark> by	either the President, Vice	e President, Secretary, Assi	stant Secretary, Treasurer	Receiver or Trustee
				α	
			Under negative of	periury/Laccione and attiem	that I have examined this repo
			including any acc	companying selectules and st	atements, and that all statemen
0/20/	m l		contained herein	archide and correct.	
File Date 4	Щ				9/28/64.
70-1	<u> </u>		Signliture of Office	r	71 2010 - 1.
Check No. 200	<u>†</u>				
On			OAUT		21/20.
Ву:			Print or Type Nam	1	
	OF STATE LISE COMM		PU(721	2-	
FOR SECRETARY	OF STATE USE ONLY		Title of Officer		



2. Name of Corporation

IFORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

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

STOP PLEASE READ INSTRUCTIONS
F.

72322	MILLER'S C	ROSSING, INC.			
. Street Address Principal Business C	Office		City	State	Zip
93 Oak Hil . Rusiness Phone No.	l Drive	5. State of incorporation	Cranston	RI	02920 6. SIC Code
Brief Description of the Character (of Business Conducted in	RHODE ISLAND			3079
bar and re . NAMES AND ADDRESS resident Name	estaurant l ES OF THE OFFI	Ousiness CERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
David Miller			David Miller		
93 Oak Hill Dr	ive State	Zip	93 Oak Hill	Drive State	Zip
Cranston cretary Name	RI	02920	Cranston Treasurer Name	RI	02920
reet Address			Street Address		
lty	State	Zip	City	State	Zip
. NAMES AND ADDRESS	ES OF THE DIRE	CTORS (*x* BOX FOR ATTA	CHMENT) FILL IN SPACE Director Name	S BEFORE USING ATT	ACHMENTS
reet Address			Street Address		
ity .	State	· Zip	City	State	Zip
irector Name		·	Director Name		
reet Address			Street Address		
Ity	State	Zip	City	State	Zip
O. SHARES AUTHORIZED	("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X" BOX FOR ATTACHMEN	T)
umber of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE					

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

Title of Officer

- C

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ile Date:	21103	
Sheck No.:	2614	
ly:	ND'	
	LY OF STATE USE ONLY	

Farry 630 12102

Edward S. Inman, 111, ..

Corporations Univ. -100 North Main Street, Providence, RI 02903-1335

North Main Sireet, Providence, KI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP:
PLEASE READE
INSTRUCTIONS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 72322 MILLER'S CROSSING, INC. 3. Street Address Princip : Jusiness Office State 93 Oak Hill Drive Cranston 02920 RI 4. Business Phone No 5. State of Incorporation 3079 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island bar and restaurant business 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name David Miller David Miller Street Address Street Address 93 Oak Hill Drive 93 Oak Hill Drive City 02920 Cranston RI Cranston RI 02920 Treasurer Name David Miller David Miller Street Address Street Address 93 Oak Hill Drive 93 Oak Hill Drive City State City Zip 02920 RI 02920 Cranston Cranston RI 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 7.0 City State Zip Director Name Director Name Street Address Street Address City State Zin City State Zip10. SHARES AUTHORIZED (*x* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED) SHAKES Number of Shares Class/Series Number of Shares Class/Series Par Value 100 NO PAR VALUE

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



ري ان Elle Date:	2-11-02	
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By:	de	

FOR SECRETARY OF STATE USE ONLY

Under penalty of peljuty, declare and affirm that I have examined this toport, including my accompanying schedules and statements, and that all statements contained havin are true and correct.

1/18

David Willer

President

Title of Officer

Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

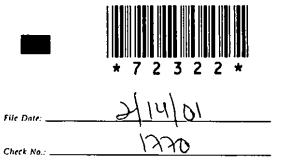
401-222-3040

GORM MUST BE TYPED IN BLACK)	
1. Carporate ID No.	2. Name of Corporation	T N



72322	MILLER'S	CROSSING, INC.			
3. Street Address Principal Business	s Office		City	State	Zip
93 Oak Hil 4. Business Phone No.	l Drive	5. State of Incorporation RHODE ISLAND	Cranston	RI	02920 6 3079
7. Brief Description of the Characte	er of Business Conducted	in Rhode Island			
President Name	SSES OF THE OFF	usiness ICERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	CHMENTS
David Mill	er		David Mil.	ler	
Street Address 93 Oak Hil	l Drive		Street Address 93 Oak Hi	ll Drive	
Cily	State	Zip	City	State	Zip
Cranston Secretary Name	RI	02920	Cranston Treasurer Name	RI	02920
David Mill	er		David Mil	ler	
93 Oak Hil	l Drive		Street Address 93 Oak Hi	ll Drive	
City	State	Zip	City	State	ZIp
Cranston	RI	02920	Cranston	RI	02920
9. NAMES AND ADDRES Director Name	SSES OF THE DIR	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE Director Name	S BEFORE USING ATT	ACHMENTS
Street Address			Street Address		
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Director Name		•	Director Name		
Street Address			Street Address		•
City	State	Zip	City	State	Zip ,
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR ATT	(ACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X° BOX FOR ATTACHMEN'	<i>T)</i>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR	VALUE		None		

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



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, Including Thy accompanying schedules and statements, and that all statements contained herein are true and co David J. Miller Print or Type Name of Officer President Title of Officer

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 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM	MUST BE TYPED IN BLAC	(K)				/
1. Corpor	ate ID No.	2. Name of Corpora	tion			
	72322	MILLER'S	CROSSING, INC.			
3. Street	Address Principal Business O	ffice		City	State	Zip
	303 Varnum	Drive		Warwick	RI	02886
4. Busine	rss Phone No.		5. State of Incorporation			6. SIC Code
7. Brief L	463-9) (401) (401) Description of the Character o		RHODE ISLAND In Rhode Island			3079
	A bar and r			OFF	DEFORE LIGING ATTA	CUMENTS
8. NAI		ES OF THE OFFI	ICERS ("X" BOX FOR ATTACH	Vice President Name	BEFORE USING ATTA	LIMENTS
President	David Mille	er		David Mille	r	
Street Ad				Street Address		
J	303 Varnum	Drive		303 Varnum	Drive	
City	000 (411.6	State	Zip	City	State	Zip
Secretary	Warwick	RI	02886	Warwick Treasurer Name	RI	02886
Street Ad	David Mille	er		David Mille Street Address	er	
City	303 Varnum	Drive State	Zip	303 Varnum	Drive	Zip
9. NA		RI ES OF THE DIR	02886 ECTORS (*x* BOX FOR ATTA	Warwick CHMENT) FILL IN SPACI Director Name	RI ES BEFORE USING ATT	02886 ACHMENTS
Street Ad	ldress			Street Address		
City		State	ZIp	City	State	Zip
Director	Name	•		Director Name		
Street Ac	dress			Street Address		
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	IARES AUTHORIZED) ("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	T)
	of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	SHS NO PAR VA	LUE		\bigcirc		
				None.		
This re	eport must be signe	e d in ink by eit	her the President, Vice P	resident, Secretary, Ass	istant Secretary, Treas	surer, Receiver o

or Trustee

This report must be signed in the by either the riesider	in, vice resident, secretary, assistant secretary, neasurer, receiver or musice
* 7 2 3 2 2 *	Under penalty of perjuty, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date: 1/35/00	that all statements contained herein are true and correct.
Check No.:	David J. Miller Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President



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

STOP PLEASE READ INSTRUCTIONS

FORM MUST BE TYPED IN BL	JACK)					• //
1. Corpoiale ID No. 72322	2. Name of Corporal MILLER'S C	CROSSING, INC.		• -		
3. Street Address Principal Busines		ntosonta, nto.	City	State	· ·	
·			·		Zip 02006	
303 Varnum 4. Business Phone No.		S. State of Incorporation	Warwick	RI	02886 6. SIC Code	ı
(401) 463-9	792	RHODE ISLAND			3079	
7. Brief Description of the Characte			•			
	estaurant b					
8. NAMES AND ADDRES	SSES OF THE OFFI	CERS ("X" BOX FOR ATTACHN	IENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS	
David Mille	er		David Mille	er		
Street Address			Street Address			
303 Varnum			303 Varnum	Drive		
City	State	Zip	City	State	Zip	•
Warwick	RI	02886	Warwick	RI	0288 6	
Secretary Name David Mille	> r		Treasurer Name David Mill	0 7		•
Street Address		•	Street Address	C1	<u>-</u>	
303 Varnum	Drive		303 Varnum	Drivo		
City	State	ZIp	City City	State	7:-	
Warwick	RI	02886	Warwick	RI	zip 02886	
9. NAMES AND ADDRES	SSES OF THE DIRE	CTORS (*X* BOX FOR ATTAC	HMENT) FILL IN SPACE	S BEFORE USING ATT		
Director Name			Director Name			
Street Address			Street Address			
City	State	710	City	_		
City	Sinte	?.ip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address		•	
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City	State	Zip	City	State	Zip	
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TO OHE ROTALL	75VF		\bigcirc			
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 7 2 3 2 2 *
File Date:	03-29-99
Check No.:	1059
ву:	NO.
FOR SECRETARY O	OF STATE USE ONLY

	Under penalty of perjury, Algefare and affirm that I have examined
	this report, including any accompanying schedules and statements, and
	that all statements conjuned pertin are true and correct.
	3/27.
	Signature of Officer Date
	David J. Miller
	Print or Type Name of Officer
:	President
	Title of Officer



(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No. 2. Name of Corporation MILLER'S CROSSING, INC. 72322 3. Street Address Principal Business Office City State ZIp 6.502886 303 Varnum Drive RI Warwick 5. State of Incorporation 3079 RHODE ISLAND (401) 463-9792 7. Brief Description of the Character of Business Conducted in Rhode Island A bar and restaurant business 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) David Miller David Miller Street Address Street Address 303 Varnum Drive 303 Varnum Drive Zip City State Zip 02886 RI 02886 RI Warwick Warwick Treasurer Name Secretary Name David Miller David Miller Street Address Street Address 303 Varnum Drive 303 Varnum Drive State City City State Zip 02886 02886 RI RIWarwick Warwick 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name NONE Street Address Street Address Zip City State City Director Name Director Name Street Address Street Address State Zip Zip State City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES

100 SHS NO PAR VALUE

Number of Shares

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Number of Shares

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

	* 7 2 3 2 2 *
File Date:	125/98
Check No.:	378
By:FOR SECRETARY OF ST	ATE USE ONLY

Class/Series

Par Value

Under penalty of perjury, I declargand affirm that I have examined this report, including any accomplinying schedules and statements, and that all statements contained he are true and correct.

Class/Series

David J. Miller Print or Type Name of Officer

President

Title of Officer

ignature of Officer

Par Value



Jumes R. Lungevin, Secretary of State Corporations Division 100 North Main Street, Providence, Rt 02903-1335 401-277-3040

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.

2. Name of Corporation

MILLER'S CROSSING, INC. Warwick 3. Street Address Principal Business Office 02886 RI 303 Varnum Drive 6. SIC Code 4 Business Phone No. 5. State of Incorporation 401-463-9792 3079 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island A bar and restaurant business 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name David Miller David Miller Street Address Street Address 303 Varnum Drive 303 Varnum Drive City City 02886 ŘΙ Warwick RI02886 Warwick Treasurer Name Secretary Name David Miller David Miller Street Address Street Address 303 Varnum Drive 303 Varnum Drive City State RI 02886 02886 Warwick RIWarwick 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name NONE Street Address Street Address Zio City State City Director Name Director Name Street Address Street Address City State Zip Zip City State

100 SHS NO PAR VALUE

AUTHORIZED SHARES

Number of Shares

0

ISSUED SHARES

Number of Shares

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

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Check No.:	380
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FOR SECRETAR	LY OF STATE USE ONLY

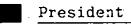
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

Class/Series

Par Value

Class/Series

Par Value



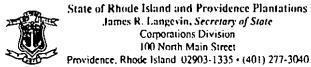
Title of Officer

PROFIT CORPORATION **ANNUAL REPORT**

2. NAME OF CORPORATION

1996

PLEASE TYPE OR PRINT IN BLACK INK.



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division 100 North Main Street

Filing	Period: January	1-March
Cilina	Eag. \$50.00	

1 CORPORATE ID NO.

For Secretary of State Use Only

ву:

72322	MILLER'S	CROSSING, INC.			
3 STREET ADDRESS PRINCESS OFFICE 303 Varnum Drive			Warwick	STATE RI	02886
4 BUSINESS PHONE NO.	5. ST/	ATE OF EXCORPORATION TO THE	MD		6 SIC CODE
401-463-9792		RHODE ISLA			3079
7.BRUE OKSOMPTONIOF THE CHARACTER OF BUSINESS O a bar and restaurar					
PRESIDENT NAME	8. NAMES	AND ADDRE	SSES OF THE OFF VICE PRESIDENT NAME	ICERS	
David Miller			David Miller		
303 Varnum Drive		zir cōōE	303 Varnum Dr	ive	2P CXXXE
Warwick scoretary name	RI	02886	Warwick	RI	02886
David Miller			David Miller STREET ADDRESS		
303 Varnum Drive STATE	• •	ZIP COOOE	303_Varnum Dr	ive state	74 COOE
Warwick	RI 9. NAMES	02886	Warwick	RI	02886
DIRECTOR NAME	9. NAMES	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DIRECTOR HAME		
NONE STREET ADDRESS	_ • · · -	. <u></u> .	STREET ADORESS		
CITY STATE		ZIP COOE	ÖIŸ	ŞTATÊ	ZIP C0:00E
OFFECTOR NAME	· ·		ORECTOR HAME	• · ·	·
STREET ADDRESS			STREET ADDRESS		
CITY	· · · · · · · · · · · · · · · · · · ·	ZP COOE	CITY	STATE	22 000E
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•	This rep	oort must be SIGN	IED IN INK by either the	e	
: President,	Vice President,	Secretary, Assista	int Secretary, Treasurer,		
File Date: $9/9/9$	ī6		Under penalty of report, including all statements do	any addompanying sone ntained herein ale trud a	affirm that I have examined the edules and statements, and the edule correct.
273	7			* X <u>AVID Jam</u> c	s Mellen.
Check No:	/		Print or Type Nan		8/26/94

PRES.
Title of Officer

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

ANNUAL REPOR'

Please Type or Prii File Annually – Jan. 1 - March Filing Fee \$50.0

Make Checks Payable to: Secretary of Star

Annual Report for the year: MILLER'S CROSSING, INC. MILLER'S CROSSING, INC. Business entity organized under the laws of the State of: RL For foreign entity, address and telephone number of principal office Day Inc. Business Entity is (check one). Corporation (See RIGL Chapter 7-1.1) Professional Service Corporation (See RIGL Chapter 7-5.1) Brief statement of the character of business conducted in Rhode Island. Brief statement of the character of business conducted in Rhode Island. Brief statement of the character of business conducted in Rhode Island. Brief statement of the character of business conducted in Rhode Island. Brief statement of the character of business conducted in Rhode Island. Brief statement of the character of business conducted in Rhode Island. Brief statement of the character of business conducted in Rhode Island. Brief statement of the character of business conducted in Rhode Island. Brief statement of the character of business conducted in Rhode Island. Brief statement of the character of business conducted in Rhode Island. Brief statement of the character of business conducted in Rhode Island. Brief statement of the character of business conducted in Rhode Island. Brief statement of the character of business conducted in Rhode Island. Brief statement of the character of business conducted in Rhode Island. Brief statement of the character of business conducted in Rhode Island. Brief statement of the character of business conducted in Rhode Island. Brief statement of the character of business conducted in Rhode Island. Brief statement of the character of business conducted in Rhode Island. Brief statement of the character of business conducted in Rhode Island. Brief statement of the character of business conducted in Rhode Island. Brief statement of the character of business conducted in Rhode Island. Brief statement of the character of business conducted in Rhode Island. Brief statement of the character of business conducted in Rhode Island. Brief statement o	ALL ENTRIES MUST BE COMPLETED	N FULL OR THE FORM	M WILL BE RETURN	ED.	
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KAREN M. LYNCH 600 TOLLGATE ROAD

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

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By CC 1389

Filing Fee \$50.00 Payable to: Secretary of State

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CORP Jun 1 - March 7

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

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