

FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Dayston 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 OR PRINTED IN BLACK) L. Corporate ID No. 2. Name of Corporation **HUYNH ASSOCIATES LIMITED** 115226 State i Nicer Address Principal Business Office City RI 02889 ROAD WARMICK SHOKE 1155 WEST 6. SIC Code 5. State of Incorporation 1. Business Phone No. 737 8ાા (401)3079 RHODE ISLAND Brief Description of the Character of Business Conducted in Rhode Island TO OWN, LEASE, MANAGE, OPERATE, MAINTAIN AND CONDUCT TAVERNS, RESTAURANTS, CAFES AND BARS BUSINESS FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Vice President Name President Name BOON PIN NG HUYNH JONATHAN Street Address Street Address SHOPE LOAD 1155 WEST SHORE 1155 WEST Zip State City KI WARWICK 02889 WARWICK 02889 Treasure Name Secretary Name MEUSSA HOUSTON BOON PIN NG Sirret Address Street Address WEST SHURE COAD 1155 F040 SHOPE 1155 MEST Sinic State RI 02889 WHENCE WARLY ICK 02889 RI FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name NONE-NONE Street Address Street Address State Zip Zıp City State Director Name NONE NONE Street Address Street Address City Zip State State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Value Number of Shares Class/Series Par Value Number of Shares **ClusySeries** NONE NONE NONE 8,000 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.



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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Matthew A. Brown, Secretary of State -

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ROFIT CORPORATION A	ANNUAL REPORT FOR THE YEAR	2004

ROTT CORTORATION ANNOTE REPORT TO THE TENS	
iling Period: January 1 - March 1 • Filing Fee: \$50.00	
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1. Corporate ID No.	2. Name of Corporation						
115226	HUYNH ASSOCI	ATES LIMITED		Les	210		
3. Street Address Principal Business 1155 WEST 811	coffice OKE LOAD		City: WARWICK	State R1	02889		
1. Business Phone No.		5. State of Incorporation	<u> </u>	<u></u>	6. SIC Code		
(401) 737 8111		RHODE ISLAND			3079		
7. Brief Description of the Characte TO OWN, LEASE, MAN 3. NAMES AND ADDRESSE President Name	IAGE, OPERATE, MAIN	TAIN AND CONDUCT T	AVERNS, RESTAURANTS, C ACHMENT)	CAFES AND BARS BUSINE SPACES BEFORE USING			
NONE			NONE				
Sirect Address NONE		 .	Street Address NONE				
NONE	NONE	Zip NONE	City HONE	State	NONE		
Secretary Name NONE	,,,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 4	Treessurer Name NONE_				
Sirvei Address NONE			Street Address NONE				
NONE	Siale	HONE	City. NONE	Sinc NON E	NONE		
9. NAMES AND ADDRESSE Director Name JONATHAN	ES OF THE DIRECTOR	RS: ("X" BOX FOR AT	TACHMENT) FILL II Director Name NONE	N SPACES BEFORE USIN	G ATTACHMENTS		
Sirrel Address 55 WHARF ROA	HD .		Street Address NONE				
City: WARWICK	State	^{2ip} • 2889	City HOHE	State NONE	NONE		
Director Name NONE	••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••• ••••		Director Name NONE				
Street Address NONE			Sirver Address NONE				
				T	Zíp		
NONE	State NONE	NONE	City NONE	State NO NE	NONE		
	NONE	NONE	HONE		NONE		
NONE 10. SHARES AUTHORIZED	NONE	NONE	11. SHARES ISSUED	NONE	NONE		
NONE 10. SHARES AUTHORIZED AUTHORIZED SHARES	NONE O ("X" BOX FOR ATT	NONE	11. SHARES ISSUED ISSUED SHARES	NO NE.	MENT)		
NONE 10. SHARES AUTHORIZED AUTHORIZED SHARES Number of Shares	NONE O ("X" BOX FOR ATT	NONE	11. SHARES ISSUED ISSUED SHARES Number of Shares	NO NE. ("X" BOX FOR ATTACHM Gassisenes	MENT) Par Value		

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	ying schedules and sta- and correct.	hat I have examined this report, tements, and that all statements
Styphture of Officer		Date
	HUYNH	
Print or Type Name of Off	icer	
MANAGING	DIRECTOR	
Title of Officer		Form 630 Rev. 12/03

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No

2. Name of Corporation

4	4	£'	2	c	

HUYNH ASSOCIATES LIMITED

3. Street Address Principal Business Office

WARWICK

State KI Zip

02889 6. SIC Code

4 Business Phone No.

5. State of Incorporation

3079

(401) 737 BILL **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island

fuu	SERVICE	restaurant
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1155 WEST SHORE ROAD

		•	ERS ("X" BOX FOR ATTE		FILL IN SPACES	BEFORE USING ATTACE	IMENTS
Street Ad	HONE			Street A	NONE Address		
	NONE				NONE		
City	NONE	State NONE	NONE	City	NONE	State NONE	NONE
Secretary	Name NONE			Treasur	er Name NONE		
Street Ad	NONE			Street A	NONE		
City	NONE	State NONE-	NONE	City	NONE	NONE	NONE
9. NA!		SSES OF THE DIREC	TORS ("X" BOX FOR A) FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS
Street Ad	JONATHAN	HUYNH		Street /	NON Address	F	
					ILDA, T	_	

ROAD 55 City State RI WARNICK Director Name

NONE

NONE

NONE

02889

NONE

Director Name NONE

NONE

Street Address

City

City

NONE

NONE

NONE

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

AUTHORIZED SHARES

Number of Shares

Street Address

Class/Series

NONE

Par Value

NONE 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

State

NONE

NUNE

Par Value

8,000 NO PAR VALUE

NONE

NONE

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 any accompanying schedules and statements, and thaffall statements contained herein are true and correct.

Mathan	HIM	02/17/03
Signature of Officer		Date

JONATHIAN	HUYNH
Print or Type Name of O	fficer

DIRECTOR MINIMAINA



Farra 630 12/02



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 115226 **HUYNH ASSOCIATES LIMITED** 3. Street Address Principal Business Office Zip RI 02889 Warwick 1155 West Shore Road 4. Business Phone No. 5. State of Incorporation 6. SIC Gade 3079 **RHODE ISLAND** (401) 737 8111 7 Brief Description of the Character of Business Conducted in Rhode Island Breakfast, Lunch & Dinner Restaurant serving Beer & Wine 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** Vice President Name None None Street Address Street Address None None State Zip Nonei 9 None None None None None -.. Treasurer Name Secretary Name None None Street Address Street Address None None Zip None None None None None None 9. NAMES AND ADDRESSES OF THE DIRECTORS (*x* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None Jonathan Huynh Street Address Street Address 55 Wharf Road None State 210 State Zip Warwick RI 02889 None None None Director Name Director Name None None Street Address None None City State Zip City State 7.10 None None None NOne None 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTH KORUZED SHARES ISSUED SHARES 8,000 None Class/Series Number of Shares Number of Shares Class/Series Par Value Par Value 8,000 NO PAR VALUE None None None None None None

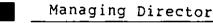
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

that all statements contained herein are true and correct. Jonathan Huynh Print or Type Name of Officer

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and



Title of Officer ನ್?2⊾ 5

Form 630 12/01

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

(FORM MUST BE TYPED IN BLACK)

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1. Corporate P18226

2-HILVAH COMOSTOCIATES LIMITED

113220	HOTHII AU	OUCLAICO CIMIII			
3. Street Address Principal Busi	ness Office		City	State	Zip
163 Fourth A	venue	s. Rinds Ecops C	Woonsocket ÄND	RI	02895 6. SIC Code
(401) 769 54 7. Brief Description of the Char		in Rhode Island			3079
TO OPERATE R 8. NAMES AND ADDR President Name			DD & BEVERAGE TACHMENT) FILL IN SPACES I Vice President Name	BEFORE USING ATTA	CHMENTS
None Street Address			None Street Address		
None			None		
City	State	Zip	City	State	Zip
None Secretary Name	None	None	None Treasurer Name	None	None
None Street Address			None Street Address		
None			None		
City	State	Zip	Glty	State	ZIp
None	None	None	None	None	None
9. NAMES AND ADDE	ESSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATT	TACHMENTS
Jonathan Huy Sireet Aildress	rnh		None Street Address		
163 Fourth	Avenue		None		
City	State	Zip	City	State	Žip
Woonsocket Director Name	RI	02895	None Director Name	None .	None
None			None		
Street Address			Street Address		
None	State	Zip	None	Sinte	710
None	None	None	NOne	none	z _{iņ} None
10. SHARES AUTHORI	7FD (*Y* BOY FOR ATT	FACHMENT)	11. SHARES ISSUED (*	Y' HOY FOR ATTACHMEN	· T)
AUTHORIZED SHARES	SED (A BOX FOR AT)	INCII. ILLIVIY	ISSUPE) SHARES	A BOX FOR ATTACHMEN	,,
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR					
•			None	None	None

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 g schedules and statements, and

true and correct.

	this report, including any accompanyin
1	that all statements contained herein are
File Date: 3/1	List of a
	Truathan year
13.4	Signature of Officer

Signature of Officer	/	Date
Jonathan	Huynh	
Print or Type Name of C	Officer	

nt or Type Name of Officer		ficer
М		Durector

FOR SECRETARY OF STATE USE ONLY

MINUTES OF FIRST ORGANIZATIONAL MEETING OF DIRECTOR(S) OF HUYNH ASSOCIATES LIMITED.

The undersigned, being the Director named in the Articles of Incorporation of the above-named corporation, duly formed by the filing of said Articles of Incorporation, in the office of the Secretary of State in Rhode Island on the 3rd day of November 2000, and desiring to hold the first organizational meeting for the purpose of completing the organization of its affairs, in accordance to the powers conferred upon Directors, held such meeting at: 163 Fourth Avenue in the City of Woonsocket, on the 4th day of November 2000, at 4 o'clock in the P.M. of said day.

Present at this session of the meeting:

Jonathan Huynh, being the Director of said corporation named in its Articles of Incorporation and Chairman of the meeting.

ARTICLES OF INCORPORATION FILED

The Chairman stated that the original Articles of Incorporation of the corporation had been filed in the office of the Secretary of State in Rhode Island and had been assigned the following Corporate ID Number: 115226.

ELECTION OF DIRECTORS

The following person(s) have been elected as the first Director(s) of the Corporation to serve until successors are duly elected, or until resignation or removal, as the case may be to exercise the powers of further organization and direction of the corporation.

Jonathan Huynh, 163 Fourth Avenue Thathan 4/14, 11/04/00

ELECTION OF OFFICERS

No officers were elected at the time of meeting.

ACCOUNTING YEAR

The corporation's accounting year was resolved as follows:

Date accounting begins:

01 January

Date accounting ends:

31 December

PRINCIPAL OFFICE LOCATION

The location of the principal office of the corporation was resolved as follows:

That 163 Fourth Avenue, City of Woonsocket, RI 02895 be principal office for the transaction and fixed as the principal office for the transaction of the business of this corporation in the County of Providence, State of Rhode Island.

ADJOURNMENT

There being no further business to come before the meeting, it was adjourned.

Chairman Hyph