



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. 99030		2. Name of Corporation The Bottom Line Bar & Grill, Inc.			
3. Street Address Principal Business Office 415 PALMER AVENUE		City WARWICK	State RI	Zip 02889	
4. Business Phone No. 4017379834		5. State of Incorporation RHODE ISLAND		6. SIC Code 3095	
7. Brief Description of the Character of Business Conducted in Rhode Island TO SERVE ALCHOLOL BEVERAGES AND FOOD.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN P. GALLAGHER			Vice President Name WARREN KEAN		
Street Address 30 HARDING AVE.			Street Address 94 DORIS AVE.		
City CRANSTON	State RI	Zip 02905	City WARWICK	State RI	Zip 02889
Secretary Name WARREN KEAN			Treasurer Name JOHN P. GALLAGHER		
Street Address 94 DORIS AVE.			Street Address 30 HARDING AVE.		
City WARWICK	State RI	Zip 02889	City CRANSTON	State RI	Zip 02905
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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
1,000 NO PAR VALUE			1000	COMMON	NO PAR

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



9 9 0 3 0

\*99030 DBC 04/15 FILED APR 15 2005 4:33 PM\*  
File Date  
Check No. 106-1480  
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.

Signature of Officer  
JOHN P. GALLAGHER  
Print or Type Name of Officer  
PRESIDENT (Vice)  
Title of Officer

Form 630 12/01



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

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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. 99030		2. Name of Corporation The Bottom Line & Grille Inc.			
3. Street Address Principal Business Office 415 Palmer Ave		City Warwick	State RI	Zip 02889	
4. Business Phone No. 737-9834		5. State of Incorporation Rhode Island		6. SIC Code 3095	
7. Brief Description of the Character of Business Conducted in Rhode Island Tavern					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John P. Gallagher			Vice President Name WARREN E. Kean		
Street Address 30 Harding Ave			Street Address 94 Doris Ave		
City Cranston	State RI	Zip 02905	City Warwick	State RI	Zip 02889
Secretary Name John P. Gallagher			Treasurer Name WARREN E. Kean		
Street Address 30 HARDING Ave			Street Address 94 Doris Ave		
City CRANSTON	State RI	Zip 02905	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 17/a			Director Name 17/a		
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
1000	Common	No Par	None		17/a
1					

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

File Date: 3/22/04  
Check No: 1013  
By: SC  
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: John P. Gallagher  
Date: 1/31/04  
Print or Type Name of Officer: John P. GALLAGHER  
Title of Officer: PRESIDENT



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Office of the Secretary of State

Matthew A. Brown, Secretary of State  
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100 North Main Street, Providence, RI 02903-1335  
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporation ID No. <u>99030</u>		2. Name of Corporation The Bottom Line Bar & Grill, Inc.			
3. Street Address Principal Business Office 415 Palmer Avenue		City Warwick	State RI	Zip 02889	
4. Business Phone No. 401-737-9834		5. State of Incorporation Rhode Island		6. SIC Code 3095	
7. Brief Description of the Character of Business Conducted in Rhode Island Bar & Restaurant Fast Food					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) ( ) FILE IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name John P. Gallagher		Vice President Name Warren E. Kean			
Street Address 30 Harding Avenue		Street Address 10 Rogers Road			
City Cranston	State RI	Zip 02905	City Warwick	State RI	Zip 02888
Secretary Name John P. Gallagher		Treasurer Name Warren E. Kean			
Street Address 30 Harding Avenue		Street Address 10 Rogers Road			
City Cranston	State RI	Zip 02905	City Warwick	State RI	Zip 02888
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) ( ) FILE IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) ( ) 11. SHARES ISSUED (X BOX FOR ATTACHMENT) ( )</b>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000		NO PAR VALUE	0 - NONE		0 - NONE

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

MAY 22 2003

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.

John P. Gallagher 5/22/03  
Signature of Officer Date

John P. Gallagher

Print or Type Name of Officer

President

Title of Officer

File Date

Check No.

By

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

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. Company ID No. 99030		2. Name of Corporation The Bottom Line Bar & Grill, Inc.			
3. Street Address Principal Business Office 415 Palmer Avenue			City Warwick	State RI	Zip 02889
4. Business Phone No. 401-737-9834		5. State of Incorporation Rhode Island			6. SIC Code 3095
7. Brief Description of the Character of Business Conducted in Rhode Island Bar + Restaurant Fast Food					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John P. Gallagher			Vice President Name Warren E. Kean		
Street Address 30 Harding Avenue			Street Address 10 Rogers Road		
City Cranston	State RI	Zip 02905	City Warwick	State RI	Zip 02888
Secretary Name John P. Gallagher			Treasurer Name Warren E. Kean		
Street Address 30 Harding Avenue			Street Address 10 Rogers Road		
City Cranston	State RI	Zip 02905	City Warwick	State RI	Zip 02888
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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
1000		NO PAR VALUE	0 - NONE		0 - NONE

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

FILED

MAY 22 2003

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  
John P. Gallagher  
Date  
5/22/03

Print or Type Name of Officer  
John P. Gallagher

Title of Officer  
President

File Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY



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



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. **99030** 2. Name of Corporation **The Bottom Line Bar & Grill, Inc.**  
3. Street Address Principal Business Office **415 PALMER AVE** City **WARWICK** State **RI** Zip **02889**  
4. Business Phone No. **401 732 6084, 401 737 9834** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3095**  
7. Brief Description of the Character of Business Conducted in Rhode Island **BAR + Grill**

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

President Name **John P. Gallagher** Vice President Name **WARREN E Kean**  
Street Address **30 HARDING AVE** Street Address **10 ROGERS ROAD**  
City **Cranston** State **RI** Zip **02905** City **WARWICK** State **RI** Zip **02888**  
Secretary Name **John P. Gallagher** Treasurer Name **WARREN E Kean**  
Street Address **30 HARDING AVE** Street Address **10 ROGERS ROAD**  
City **Cranston** State **RI** Zip **02905** City **WARWICK** State **RI** Zip **02888**

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 \_\_\_\_\_  
Director Name \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
0	NONE ISSUED	NO PAR VALUE

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



\* 99030 \*

File Date: 8/27/01  
Check No.: 2637  
By: GNA  
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 John P. Gallagher Date \_\_\_\_\_  
Print or Type Name of Officer John P. Gallagher  
Title of Officer President



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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 99030 2. Name of Corporation The Bottom Line Bar & Grill, Inc  
3. Street Address Principal Business Office 415 Palmer Ave City Warwick State R.I. Zip 02889  
4. Business Phone No. (401) 732-6084 5. State of Incorporation R.I. 6. SIC Code 3095  
7. Brief Description of the Character of Business Conducted in Rhode Island

To serve Alcoholic beverage and food  
8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name John P. Gallagher Vice President Name Warren E. Kean  
Street Address 30 Harding Ave. Street Address 10 Rogers Rd.  
City Cranston State R.I. Zip 02905 City Warwick State R.I. Zip 02888  
Secretary Name John P. Gallagher Treasurer Name Warren E. Kean  
Street Address 30 Harding Ave. Street Address 10 Rogers Rd.  
City Cranston State R.I. Zip 02905 City Warwick State R.I. Zip 02888

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

Director Name John P. Gallagher Director Name Warren E. Kean  
Street Address 30 Harding Ave. Street Address 10 Rogers Rd.  
City Cranston State R.I. Zip 02905 City Warwick State R.I. Zip 02888  
Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
1,000 common No Par

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
1,000 common 0

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

File Date: 10/6/00 10-18-00

Check No.: 2109 2109

By: BMF

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.

Warren E. Kean 10/6/00  
Signature of Officer Date

Warren E. Kean  
Print or Type Name of Officer

Vice President  
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 99  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 99030 2. Name of Corporation The Bottom Line Bar + Grill, Inc  
3. Street Address Principal Business Office 415 Palmer Ave City WARWICK State RI Zip 02885  
4. Business Phone No. 401-737-9834 5. State of Incorporation RI 6. SIC Code 3095  
7. Brief Description of the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name John P GALLAGHER Vice President Name WARREN E KEAN  
Street Address 30 Harding Ave Street Address 10 ROGERS RD  
City CRANSTON State RI Zip 02905 City WARWICK State RI Zip 02888  
Secretary Name John P GALLAGHER Treasurer Name WARREN E KEAN  
Street Address 30 Harding Rd Street Address 10 ROGERS RD  
City CRANSTON State RI Zip 02905 City WARWICK State RI Zip 02888

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

Director Name John P GALLAGHER Director Name WARREN E KEAN  
Street Address 30 Harding Rd Street Address 10 ROGERS RD  
City CRANSTON State RI Zip 02905 City WARWICK State RI Zip 02888  
Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
1000 COMMON NO PAR

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
1000 COMMON NO PAR

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

File Date: PAID 10-18-99

Check No.: JUL 28 1999

By: SECY OF STATE

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

Date

WARREN E KEAN

Print or Type Name of Officer

Vice President

Title of Officer