



*Amended*

**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. 22532		2. Name of Corporation Lincoln Bar & Grille, Inc.	
3. Street Address Principal Business Office 24 Monroe Avenue		City East Providence	State RI
4. Business Phone No. 401-433-2040		5. State of Incorporation Rhode Island	
6. SIC Code 3095			
7. Brief Description of the Character of Business Conducted in Rhode Island Bar & Grille			

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

President Name Lillian A. Pontifice			Vice President Name		
Street Address 16 Maudsley Avenue			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Judith P. Higgins			Treasurer Name Judith P. Higgins		
Street Address 1478 Elmwood Avenue			Street Address 1478 Elmwood Avenue		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910

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

Director Name Lillian A. Pontifice			Director Name Judith P. Higgins		
Street Address 16 Maudsley Avenue			Street Address 1478 Elmwood Avenue		
City Barrington	State RI	Zip 02806	City Cranston	State RI	Zip 02910
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

<b>10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			<b>11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	Common No Par		100	Common	

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



**FILED**

OCT 11 2005

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
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.

*Judith P. Higgins* 10-11-05  
Signature of Officer Date  
Judith P. Higgins  
Print or Type Name of Officer  
Secretary  
Title of Officer