



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 OR PRINTED IN BLACK)

1. Corporate ID No. 80833		2. Name of Corporation CINDY'S DINER & RESTAURANT, INC.			
3. Street Address Principal Business Office 46 Hartford Avenue			City North Scituate	State RI	Zip 02857
4. Business Phone No. (401) 934-2249		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, MANAGER AND OTHERWISE OPERATE A RESTAURANT.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Edna R. Sauriol			Vice President Name None		
Street Address 104 Bungy Road			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name Carol Olney			Treasurer Name Edna R. Sauriol		
Street Address 34 Pole Bridge Road			Street Address 104 Bungy Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Edna R. Sauriol			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
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
600 COMM NO PAR VALUE			200	Common	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.

Edna R Sauriol 2/23/05
Signature of Officer Date

Edna R. Sauriol
Print or Type Name of Officer

President
Title of Officer

File Date 2/28/05
Check No. 3069
By: [Signature]
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 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 80833		2. Name of Corporation CINDY'S DINER & RESTAURANT, INC.			
3. Street Address Principal Business Office 46 Hartford Avenue		City North Scituate		State RI	Zip 02857
4. Business Phone No. (401) 934-2249		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, MANAGER AND OTHERWISE OPERATE A RESTAURANT.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Edna R. Sauriol			Vice President Name None		
Street Address 104 Bungy Road			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
Secretary Name Carol Olney			Treasurer Name Edna R. Sauriol		
Street Address 34 Pole Bridge Road			Street Address 104 Bungy Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Edna R. Sauriol			Director Name None		
Street Address 104 Bungy Road			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
Director Name None			Director Name None		
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
600 COMM NO PAR VALUE			200	Common	No Par Val

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



* 8 0 8 3 3 *

File Date 1/30/04
Check No. 2215
By: DA

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.

Edna R. Sauriol
Signature of Officer
Date
Edna R. Sauriol
Print or Type Name of Officer
President
Title of Officer



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

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

80833

CINDY'S DINER & RESTAURANT, INC.

3. Street Address Principal Business Office

46 Hartford Avenue

City

North Scituate

State

RI

Zip

02857

4. Business Phone No.

934-2249

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3079

7. Brief Description of the Character of Business Conducted in Rhode Island

To own, operate, and otherwise operate a restaurant

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

President Name

Edna R. Sauriol

Street Address

104 Bungy Road

City

State

Zip

North Scituate RI 02857

Secretary Name

Carol Olney

Street Address

34 Pole Bridge Road

City

State

Zip

North Scituate RI 02857

Vice President Name

None

Street Address

City

State

Zip

Treasurer Name

Edna R. Sauriol

Street Address

104 Bungy Road

City

State

Zip

North Scituate RI 02857

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

Director Name

Edna R. Sauriol

Street Address

104 Bungy Road

City

State

Zip

North Scituate RI 02857

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

Common

No par value

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



* 8 0 8 3 3 *

File Date:

2-28-03

Check No.:

1337

By:

10P

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.

Edna R. Sauriol

Signature of Officer

Date

Edna R. Sauriol

Print or Type Name of Officer

President

Title of Officer

5

Form 630 1202



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

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80833** 2. Name of Corporation **CINDY'S DINER & RESTAURANT, INC.**
3. Street Address Principal Business Office **46 Hartford Avenue** City **North Scituate** State **RI** Zip **02857**
4. Business Phone No. **934-2249** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island

To own, operate, and otherwise operate a restaurant

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

President Name	Vice President Name
Edna R. Sauriol	none
Street Address	Street Address
104 Bungy Road	none
City	City
North Scituate	none
State	State
RI	none
Zip	Zip
02857	none
Secretary Name	Treasurer Name
Carol Olney	Edna R. Sauriol
Street Address	Street Address
34 Pole Bridge Road	104 Bungy Road
City	City
North Scituate	North Scituate
State	State
RI	RI
Zip	Zip
02857	02857

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

Director Name	Director Name
Edna R. Sauriol	none
Street Address	Street Address
104 Bungy Road	none
City	City
North Scituate	none
State	State
RI	none
Zip	Zip
02857	none
Director Name	Director Name
none	none
Street Address	Street Address
none	none
City	City
none	none
State	State
none	none
Zip	Zip
none	none

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

AUTHORIZED SHARES	Class/Series	Par Value
600 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
200	Common	No Par Value

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



* 8 0 8 3 3 *

File Date: 3-8-02

Check No.: 15957

By: AMF

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.

Edna R. Sauriol
Signature of Officer Date

Edna R. Sauriol
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01



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. **80833** 2. Name of Corporation **CINDY'S DINER & RESTAURANT, INC.**

3. Street Address Principal Business Office
46 Hartford Avenue

City
North Scituate

State
RI

Zip
02857

4. Business Phone No.
934-2249

5. State of Incorporation
RHODE ISLAND

6. SIC Code
5812

7. Brief Description of the Character of Business Conducted in Rhode Island
To own, operate, and otherwise operate a restaurant

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

President Name
Edna R. Sauriol

Vice President Name
Edna R. Sauriol

Street Address
104 Bungy Road

Street Address
104 Bungy Road

City
North Scituate State
RI Zip
02857

City
North Scituate State
RI Zip
02857

Secretary Name
Carol Olney

Treasurer Name
Edna R. Sauriol

Street Address
34 Pole Bridge Road

Street Address
104 Bungy Road

City
North Scituate State
RI Zip
02857

City
North Scituate State
RI Zip
02857

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

Director Name
Edna R. Sauriol

Director Name
none

Street Address
104 Bungy Road

Street Address

City
North Scituate State
RI Zip
02857

City
State Zip

Director Name
none

Director Name
none

Street Address

Street Address

City
State Zip

City
State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
600 SHS COMM NO PAR VALUE		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200	Common	No Par Value

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



* 8 0 8 3 3 *

File Date: 2/21

Check No.: 14877

By: 2

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 Edna R. Sauriol Date 1/24/01

Edna R. Sauriol

Print or Type Name of Officer

President

Title of Officer



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. **80833** 2. Name of Corporation **CINDY'S DINER & RESTAURANT, INC.**
3. Street Address Principal Business Office **46 Hartford Avenue** City **North Scituate** State **RI** Zip **02857**
4. Business Phone No. **934-2249** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island
To own, operate and otherwise operate a restaurant

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

President Name Edna R. Sauriol			Vice President Name Edna R. Sauriol		
Street Address 104 Bungy Road			Street Address 104 Bungy Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857
Secretary Name Carol Olney			Treasurer Name Edna R. Sauriol		
Street Address 104 Bungy Road			Street Address 104 Bungy Road		
City North Scituate	State RI	Zip 02857	City North Scituate	State RI	Zip 02857

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

Director Name Edna R. Sauriol			Director Name none		
Street Address 104 Bungy Road			Street Address none		
City North Scituate	State RI	Zip 02857	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 SHS COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 Common No Par Value

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



* 8 0 8 3 3 *

File Date: 2/22/00

Check No.: 13837

By: [Signature]

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] 1/28/00
Signature of Officer Date

Edna R. Sauriol
Print or Type Name of Officer

President
Title of Officer



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 **1999**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 80833		2. Name of Corporation CINDY'S DINER & RESTAURANT, INC.		
3. Street Address Principal Business Office 46 Hartford Avenue		City No. Scituate	State RI	Zip 02857
4. Business Phone No. (401) 934-2249		5. State of Incorporation RHODE ISLAND		6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island To own, operate and otherwise operate a restaurant				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Edna R. Sauriol		Vice President Name Edna R. Sauriol		
Street Address 104 Bungy Road		Street Address Same		
City No. Scituate	State RI	Zip 02857	City	State
Secretary Name Carol Olney		Treasurer Name Edna R. Sauriol		
Street Address 34 Pole Bridge Road		Street Address Same		
City No. Scituate	State RI	Zip 02857	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Edna R. Sauriol		Director Name		
Street Address Same		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
600 SHS COMM NO PAR VALUE			200	Common
				No Par Value

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



* 8 0 8 3 3 *

File Date: **04-07-99**

Check No.: **12931**

By: **JD**

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.

Edna Sauriol **4/1/99**
Signature of Officer Date

Edna Sauriol
Print or Type Name of Officer

pres.
Title of Officer



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
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **80833** 2. Name of Corporation **CINDY'S DINER & RESTAURANT, INC.**

3. Street Address Principal Business Office
46 Hartford Avenue City **No. Scituate** State **RI** Zip **02857**
4. Business Phone No. **(401) 934-2249** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5079**

7. Brief Description of the Character of Business Conducted in Rhode Island

To own, operate and otherwise operate a restaurant.

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

President Name

Edna R. Sauriol

Street Address

104 Bungy Road

City **No. Scituate** State **RI** Zip **02857**

Secretary Name

Carol Olney

Street Address

34 Pole Bridge Road

City **No. Scituate** State **RI** Zip **02857**

Vice President Name

Edna R. Sauriol

Street Address

same

City **No. Scituate** State **RI** Zip **02857**

Treasurer Name

Edna R. Sauriol

Street Address

same

City **No. Scituate** State **RI** Zip **02857**

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

Director Name

Edna R. Sauriol

Street Address

same

City **No. Scituate** State **RI** Zip **02857**

Director Name

Street Address

City **No. Scituate** State **RI** Zip **02857**

Director Name

Street Address

City **No. Scituate** State **RI** Zip **02857**

Director Name

Street Address

City **No. Scituate** State **RI** Zip **02857**

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

600 SHS COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

200 Common No ParValue

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



* 8 0 8 3 3 *

File Date: **3/4**

Check No.: **11680**

By: **160**

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.

Edna R. Sauriol 2/25/98
Signature of Officer Date

Edna R. Sauriol
Print or Type Name of Officer

pres.
Title of Officer



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
401-277-3040



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. 80833 2. Name of Corporation CINDY'S DINER & RESTAURANT, INC.
3. Street Address Principal Business Office 46 Hartford Avenue City North Scituate State RI Zip 02857
4. Business Phone No. (401) 934-2449 5. State of Incorporation RHODE ISLAND 6. SIC Code 3029

7. Brief Description of the Character of Business Conducted in Rhode Island

To own, operate and otherwise operate a restaurant

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

President Name Edna Sauriol Street Address 104 Bungy Road City No. Scituate State RI Zip 02857 Secretary Name Carol Olney Street Address 34 Pole Bridge Road City N. Scituate State RI Zip 02857	Vice President Name Edna Sauriol Street Address 104 Bungy Road City No. Scituate State RI Zip 02857 Treasurer Name Street Address City State Zip
---	---

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

Director Name Edna Sauriol Street Address same as above City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common	No par value	200	Common	No par value

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

File Date: 8/14/97

Check No.: 1694

By: [Signature]

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.

Edna R. Sauriol 3-29-97
Signature of Officer Date

Edna Sauriol
Print or Type Name of Officer

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 80833		2. NAME OF CORPORATION CINDY'S DINER & RESTAURANT, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE Hartford Avenue		CITY No. Scituate	STATE RI		
		ZIP CODE 02857			
4. BUSINESS PHONE NO. (401) 934-2449		5. STATE OF INCORPORATION RHODE ISLAND			
		6. SIC CODE 3079			
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND to own, operate and otherwise operate a restaurant					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Edna Sauriol		VICE PRESIDENT NAME Edna Sauriol			
STREET ADDRESS 104 Bungy Road		STREET ADDRESS 104 Bungy Road			
CITY No. Scituate	STATE RI	CITY No. Scituate	STATE RI		
ZIP CODE 02857		ZIP CODE 02857			
SECRETARY NAME Edna Sauriol		TREASURER NAME Edna Sauriol			
STREET ADDRESS 104 Bungy Road		STREET ADDRESS 104 Bungy Road			
CITY No. Scituate	STATE RI	CITY No. Scituate	STATE RI		
ZIP CODE 02857		ZIP CODE 02857			
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME		DIRECTOR NAME			
STREET ADDRESS		STREET ADDRESS			
CITY	STATE	CITY	STATE		
ZIP CODE		ZIP CODE			
DIRECTOR NAME		DIRECTOR NAME			
STREET ADDRESS		STREET ADDRESS			
CITY	STATE	CITY	STATE		
ZIP CODE		ZIP CODE			
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600 SHS COMM NO PAR VALUE			200	Common	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.

File Date:

4-16-96

Check No:

9732

By:

Edna Sauriol

Signature of Officer

Edna Sauriol

Print or Type Name of Officer

President

Title of Officer

Date

4-10-96

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

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 REPORT

Please Type or Print

File Annually - Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0080833

1995

Corporate ID: _____ Annual Report for the year: _____

Name of Corporation: CINDY'S DINER & RESTAURANT, INC.Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Hartford Ave
No. Scituate, RI 02857Phone: (401) 934-2449

Brief statement of the character of business conducted in Rhode Island:

to own, operate, and otherwiseoperate a restaurant

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT James W. Talbot	Pole Bridge Road	No. Scituate, RI	02857
VICE PRESIDENT Edna Sauriol	104 Bungy Road	No. Scituate, RI	02857
SECRETARY Edna Sauriol	Same		
TREASURER Roland P. Talbot	109 No. County Club Dr.	Warwick, RI	02888

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
600	Common

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
200	Common

Date March 20, 19 95By: James W. Talbot

PRINT OR TYPE NAME OF OFFICER SIGNING

President

Form 31 1/95

TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

PETER K. ROSEDALE
630 HOSPITAL TRUST BUILDING
P.O. BOX 515
PROVIDENCE RI 02901

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