

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

Matthew A. Brown, Secretary of State

100 No	orth Main Street
Providence,	RI 02903-1335
	401 222 2040

PROFIT CORPOR		•	FOR THE YEAR	2005			
Filing Period: January 1 - Me (FORM MUST BE TYPED OR PRIM		Fee: \$50.00			.1011		
1. Curparate ID No.	2. Name of Corporation						
80833		RESTAURANT, INC.					
J. Street Address Principal Business Q 46 Hartford Av	•		North Scituate	State RI	<i>χ</i> φ :		
1. Business Phone No.		5. State of Incorporation	NOT CIT BOTTOME		6. SIC Code		
(401) 934-2249		RHODE ISLAND			3079		
7 Brief Description of the Chamicter of TO OWN, MANAGER AN							
8. NAMES AND ADDRESSES			CHMENT)	CES BEFORE USING A	TTACHMENTS .		
President Name			Vice President Name				
Edna R. Sauriol			None	_			
104 Bungy Road			Street Address				
City	State	Zip	City	State	Zip .		
North Scituate	RI	02857		<u> </u>	.]		
Carol Olney			Edna R. Sauriol				
Sireci Address			Street Address	· .			
34 Pole Bridge	Road	,	104 Bungy Road	· · · · · · · · · · · · · · · · · · ·			
North Scituate	State RI	2φ 02857	North Scituate	State RI	<i>Ζφ</i> 02857		
9. NAMES AND ADDRESSES	•	· ·	•	ACES BEFORE USING	• 1		
Director Name				Director Name			
Edna R. Sauriol		None					
Sursa Vantess			Sircer Address				
City	State	Zip	City	State	150 CC		
	J	<u>]</u>		<u> </u>	3 - 7 - 1		
None			Director Name None	Ċ	o ;		
Sired Address			Street Address				
		1		- <u>- </u>	1-1		
City	State	Zip	City	State	. Zipi		
10. SHARES AUTHORIZED	 ("X" BOX FOR ATTA	 CHMENT) []	11. SHARES ISSUED ("X"	BOX FOR ATTACHME			
AUTHORIZED SHARES			ISSUED SHARES	., 			
Number of Shares	Clast/Series	Par Value	Number of Shares	Glass/Series	Par Value		
600 COMM NO PAR VALUE			200	Common	No par value		
					<u> </u>		
	<u> </u>		<u></u>	·	<u> </u>		
This report must be s	igned in ink by cithe	r the President, Vice P	resident. Secretary, Assistant S	ecretary, Treasurer, Rec	ceiver or Trustee		
	 1 211 1812 1818 : 1118	III III I			Leira		
	0 6 2 1 1 1 1 1		Under penalty of perjury.	, I declare and affirm that	have examined this report		
· · · · · · · · · · · · · · · · · · ·		1	including any accompany contained herein are true	-	ents, and that all statements		
File Date 2 3 38/C).S		P.J. 10		2/23/26		
2	- · · ·		Signature of Officer	Dawn.	Dail		
Check No			Edna R. Saui	riol			
B ₃ :			Print or Type Name of Off		.		
• -	TE HEE ONLY	<u> </u>	President				
FOR SECRETARY OF STA	VIE OSE ONLI]	Title of Officer		Form 630 Rev. 12/03		



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

2004

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

Filing Period: January 1 - Me (FORM MUST BE TYPED OR PRINT	_	Fee: \$50.00				
1. Corporate ID No. 80833	2. Name of Corporation CINDY'S DINER	& RESTAURANT, INC.				
3. Street Address Principal Business O			City	State	Zip	
46 Hartford Ave	nue		North Scituate	RI	02857	
4. Business Phone No.		5. State of Incorporation			6. SIC Code	
(401) 934-2249		RHODE ISLAND			3079	
7. Brief Description of the Character of TO OWN, MANAGER AN	f Business Conducted in R. D OTHERWISE OPER	bode Island ATE A RESTAURANT.	-			
8. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTA	ACHMENT) [FILL IN SPA	CES BEFORE USIN	G ATTACHMENTS	
Edna R. Sauriol			None			
Street Address	··· -		Sircet Address		····	
104 Bungy Road						
City	State	Zip	City	State	Zip	
North Scituate	RI	02857		<u> </u>	<u> </u>	
Secretary Name	A.T.C.T	A., P. M. V. K	Treasurer Name	• • • • • • • • • • • • • • • • • • • •		
Carol Olney			Edna R. Saurio	<u></u>		
Street Address			Street Address			
34 Pole Bridge	Road		104 Bungy Road			
City	State	Zip	City	State	Zip	
North Scituate	RI	02857	North Scituate	_{RI}	02857	
9. NAMES AND ADDRESSES			TACHMENT) FILL IN S	PACES BEFORE US	ING ATTACHMENTS	
Director Name		•	Director Name			
Edna R. Sauriol			None			
Street Address			Street Address			
104 Bungy Road_						
City	State	Zip	City	State	Zip	
North Scituate	RI	0.2857				
Director Name			Director Name			
None			None			
Street Address		-	Sircet Address			
City	State	Zip	Ciry	State	Zip	
10. SHARES AUTHORIZED AUTHORIZED SHARES	 ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED ("X	BOX FOR ATTAC	 нм <i>е</i> мт) []	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
600 COMM NO PAR VALUE			200	Common	No Par <u>Val</u>	
· · · · · · · · · · · · · · · · · · ·	·		200	Condition	NO PAI VAI	
This report must be	signed in ink hy cith	er the President Vice	President, Secretary, Assistant	Secretary, Treasurer	Receiver or Trustee	
This report must be s	PIU 83181 18188 11188 1111 188	er the President, vice	. 103.40	,,		
			Under penalty of perju	ry, I declare and affirm	that I have examined this rep	
* 8	<u> </u>]	including any accompa contained herein are to	nying schedules and s	atements, and that all stateme	
File Date	· · · · · · · · · · · · · · · · · · ·		Signature of Officer	summe	Date	
Check No.	5		Edna R. Sa	uriol		
l _{But}			Print or Type Name of C			
By:			President			
FOR SECRETARY OF ST	ATE USE ONLY	•	Title of Officer	<u> </u>		

Edward S. Inman, 111, 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

ss Conducted in Rhode	RESTAURANT, INC. 5. State of Incorporation RHODE ISLAND	city North S	Scituate	State RI	Zip
ss Conducted in Rhode	S. State of Incorporation	•	Scituate		
ss Conducted in Rhode		North S	Scituate	RT	A2067
	RHODE ISLAND			***	02857 6. SIC Code
					3079
	ise operate (*X* BOX FOR ATTACHN	MENT) FILI	L IN SPACES BEFO	RE USING ATTACH	IMENTS
		None Street Address	е		
					7 1-
	= -	City		State	Zip
KI	02037	Thensuses Nam			
rol Olney				വ	
TOT OTHEY			A K. Dauli		•
Pole Brid	ge Road		Bungy Roa	đ	
	-	City	bungy nou	State	Zip
RI	02857	North	Scituate	RI	02857
THE DIRECTO	RS ("X" BOX FOR ATTAC			FORE USING ATTA	CHMENTS
		None	9		
• • • •	•	City		State	Zip
RI	02857	Director Name			
		None Street Address	9		
	Zíp	City		State	Zip
BOX FOR ATTACHME	NT)	11. SHARI	ES ISSUED (*x* 80)X FOR ATTACHMENT)	
s/Serles	Par Value	Number of Sho	ares	Class/Series	Par Vulue
		200		Common	No par value
	RI Pole Bride RI THE DIRECTOR	RI 02857 Arol Olney Pole Bridge Road RI 02857 THE DIRECTORS (*X* BOX FOR ATTAC	Zip City RI 02857 Treasurer Name Street Address Pole Bridge Road 104 Zip City RI 02857 North THE DIRECTORS (*X* BOX FOR ATTACHMENT) FOR Director Name None Street Address Zip City RI 02857 Director Name None Street Address Zip City RI 02857 Director Name None Street Address Zip City RI 02857 Director Name None Street Address None Street Address Zip City ROX FOR ATTACHMENT) 11. SHARI SSUFD SHARIS SI/Series Par Value Number of Sharing Street S	Vice President Name None Street Address Zip City RI 02857 Treasurer Name Edna R. Sauri Street Address Pole Bridge Road 104 Bungy Road Zip City RI 02857 North Scituate THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BE Director Name None Street Address Zip City RI 02857 Director Name None Street Address Zip City RI 02857 Director Name None Street Address Zip City RI 02857 Director Name None Street Address None Street Address	Vice President Name None Street Address Zip City State RI 02857 Theasurer Name Edna R. Sauriol Street Address Pole Bridge Road 104 Bungy Road Zip City State RI 02857 North Scituate RI THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Street Address None Street Address Zip City State None Street Address Zip City State None Street Address Zip City State None Street Address Tip City State None Street Address None Street Address Zip City State None Street Address None Street Address Zip City State None Street Address City State

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:	100
COR SECRETARY	OF STATE LISE 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

Print or Type Name of Officer

President

Title of Officer

Form 630 12/02

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

2002

/		ling Fee: \$50.00			
(FORM MUST BE TYPED IN BLACI 1. Corporate ID No.	K) 2. Name of Corporation				
80833	CINDY'S DINER	& RESTAURANT, INC.			
3. Street Address Principal Business Op	ffice		City	State	Zip
46 Hartford Ave	nue	5. State of Incorporation	North Scituate	RI	02857 6. SIC Code
934-2249 7. Brief Description of the Character of	f Business Conducted in Rh	RHODE ISLAND ode Island			3079
To own, operate 8. NAMES AND ADDRESSI President Name		-		DRE USING ATTACHME	ENTS
Edna R. Sauriol Street Address			NONE Street Address		
104 Bungy Road	State	Zip	none _{City}	State	Zip
North Scituate Secretary Name	, RI ,	02857	none Treasurer Name	. none	none.
Carol Olney Street Address			Edna R. Sauriol Street Address		
34 Pole Bridge	Road State	Zip	104 Bungy Road	State	Zip
North Scituate 9. NAMES AND ADDRESSI Director Name	RI ES OF THE DIRECT	02857 CORS ("X" BOX FOR ATTAC	North Scituate CHMENT) FILL IN SPACES BE Director Name	RI FORE USING ATTACH	02857 MENTS
Edna R. Sauriol			none Street Address		
104 Bungy Road	State	Zip	none city	State	Zip
North Scituate Director Name	RI	02857	none Director Name	none	none
none Street Address			none Street Address		
none			none		
City	State	Zip	City	State	Zip
none 10. SHARES AUTHORIZED	none (*X* BOX FOR ATTACH	none MENT)	none 11. SHARES ISSUED (*x* #0	none DX FOR ATTACHMENT)	none
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISPUED SHARES Number of Shares	Class/Series	Far Value
600 COMM NO PAR VALUE		, 31 10105	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



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

Print or Type Name of Officer

President



Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

,	Corporate	ID No.

Number of Shares

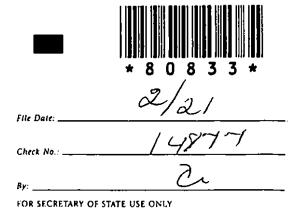
2. Name of Corporation CINDY'S DINER & RESTAURANT, INC.

Street Address Principal Business Office 46 Hartford Avenue			cmy North Scituate	State · RI	^{z1p} 02857	
4. Business Phone No. 934-22249		5. State of Incorpora RHODE ISI			* 307\$	
7. Brief Description of the Charact	er of Business Conducted	in Rhode Island				
To own, operate, and	otherwise open	ate a restaurant				
8. NAMES AND ADDRE President Name Edna R. Sauriol			TTACHMENT) FILL IN SPACES B Vice President Name Edna R. Sauriol	EFORE USING ATT	TACHMENTS	
Street Address 104 bungy Road			Street Address 104 Bungy Road			
Morth Scituate	State RI	zip 02857	North Scituate	State RI	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	zı, 02857	North Scituate	State RI	02857	
9. NAMES AND ADDRE Director Name	SSES OF THE DIF	RECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPACES Director Name	BEFORE USING A	TTACHMENTS	
Edna R. Sauriol			none		•	
Street Address 104 Bungy Road			Street Address	·	•	
North Scituate	State RI	zip 02857	TCIIY	State	Zip	
Director Name			Director Name	• •	•	
none			none			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
0. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			

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

Number of Shares

200



600 SHS COMM NO PAR VALUE

Class/Serles

Par Value

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 we true and correct.

Class/Series

Common

Signature of Officer

Edna R. Sauriol

Pitnt or Type Name of Officer

President Title of Officer

Form 630 12/00

Par Value

No Par Value

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

> Zip 02857 6. SIC Code 3079

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March I • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

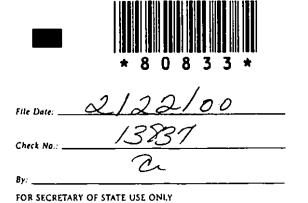
1. Corporate ID No. 80833 2. Name of Corporation

CINDY'S DINER & RESTAURANT, INC.

3. Street Address Principal Business Office 46 Hartford Avenue		cuy North Scituate	State RI	
4. Business Phone No. 934-2249	5. State of Incorporation RHODE ISLAND			

8. NAMES AND ADDRE President Name Edna R. Sauriol	SSES OF THE OFFI	CERS ("X" BOX FOR ATTAC.	HMENT) FILL IN SPACES BE Vice President Name Edna R. Sauriol	FORE USING ATTACH	MENTS
Street Address 104 Bungy Road			Street Address 104 Bungy Road		
c _{ny} North Scituate	State RI	zip 02857	cuy North Scituate	State RI	zış 02857
Secretary Name Carol Olney			Treasurer Name Edna R. Sauriol	•	
Street Address 104 Bungy Road			Street Address 104 Bungy Road		
City	State	Zip	City	State	Zip
North Scituate	RI	02857	North Scituate	RI	02857
9. NAMES AND ADDRE Director Name	SSES OF THE DIRI	ECTORS (*X* BOX FOR ATT	ACHMENT) FILL IN SPACES Director Name	BEFORE USING ATTAC	CHMENTS
Edna R. Sauriol			none		
Street Address			Street Address		
104 Bungy Road			none		
City	State	Zip	City	State	Zip
North Scituate	RI	02857	none	none	none
Director Name	•		Director Name		
none			none		
Street Address			Street Address		
none			none		
City	State	Zip	City	State	Zip
none	none	none	none	none	none
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X' ISSUED SHARES	BOX FOR ATTACHMENT)	
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 hegein are true and correct.

Ana

Signature of Officer

Edna R. Sauriol 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

Farm 71 17 /04

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1	-March 1 •	Filing Fee: \$50.00		į.	[KZ]	RUCTIONS
(FORM MUST BE TYPED IN BLAC	k)			1		
1. Corporate ID No. 80833	2. Name of Corporation CINDY'S DIN	IER & RESTAURAN	T, INC.	l i		
3. Street Address Principal Business O			City	State	Zip	.:
46 Hartford Ave	enue	· · · · · · · · · · · · · · · · · · ·	No. Scituate	RI	02857	<u>'</u>
4. Business Phone No. (401) 934-2249		S. State of Incorporation RHODE ISLAN	iD .		6. SIC Code 3079	•
7. Brief Description of the Character of TO own, operate	(Business Conducted in and otherv	Rhode Island vise operate	a restaurant	1		;
8. NAMES AND ADDRESS	ES OF THE OFFIC	ERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BE	FORE USING ATTA	CHMENTS	
President Name Edna R. Sauriol			Vice President Name Edna R. Saurio	1		
Street Address	·····		Street Address	1		
104 Bungy Road			Same			
City	State	Zip	City	State	Zip	
No. Scituate	! RI	02857				
Secretary Name	• • • • • • • • • • • • • • • • • • • •	•••••••••••••••••••••••••	Treasurer Name	4		
Carol Olney			Edna R. Saurio	1		
Street Address			Street Address	1		(
34 POle Bridge	Road .		Same			;
City : .	State	Zip	City	State	Zip	
No. Scituate.	RI	02857	<u> </u>		<u> </u>	
9. NAMES AND ADDRESS Director Name	ES OF THE DIRE	CTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES Director Name	BEFORE USING AT	TACHMENTS ()	<u> </u>
Edna R. Sauriol		•		•		•
Street Address			Street Address	• 1		
Same		•		†		
City	State	Zip	City	State	Zip	
Director Name		.,,.1	Director Name			4
Street Address	•		Street Address	<u> </u>	<u> </u>	1
City	State	Zip	City	State 1	Zip	4
City	31016		Chy	, , , ,		
10. SHARES AUTHORIZED	Yeve nov son arms	Cin (contr) (Co	11. SHARES ISSUED (*X*	POY FOR ATTACKINES	(T)	
Last	C.X. ROX FOR WILL	CHMENI) 1.	II. SHARES ISSUED I'X	BOX FOR ATTACHMEN	<u> </u>	
AUTHORIZED SHARES	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	<u></u>
Number of Shares	Ciass/Series	rar value	Number of Shares	Ciussysteries	74. 74.4.	
600 SHS COMM NO F	PAR VALUE		200 -	Common	No Par	Valu
	· · · · · · · · · · · · · · · · · · ·					
This report must be signe	d in ink by eith	er the President, Vice	President, Secretary, Assist	ant Secretary, Trea	surer, Receiver o	r Trustee
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					<u> </u>	3
* 8	0 8 3 3	*	Under penalty of perju			
	*		this report, including a			.arcs, disQ F
File Date:	7-99		Edaga -	San II		19
Check No.:	2931.		Signature of Officer	1	Date	
	m.	ì	Print or Type Name of Office	auriol		
Ву:	<u></u>	(į	•	
FOR SECRETARY OF STATE USE O	NLY .	*	neo.	· · · · ·		

Title of Officer



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

×20×	STATE OF RHODE ISLAND	
	STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State	
-020-	Office of the Secretary of State	

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

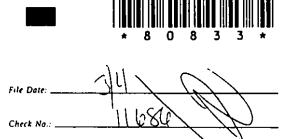
Filing Period: January	1-March 1 •	Filing Fee: \$50.00			INVIKUUTIO
(FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No. 80833	2. Name of Corporali CINDY'S DIN	ËR & RESTAURAN			
3. Street Address Principal Business C	Office		City	State	Zip
46 Hartford Av	enue		No.Scituate	RI	02857
4. Business Phone No. (401) 934-2249		S. State of Incomposation RHODE ISLAN	ND		6. SIC Code 3079
7. Brief Description of the Character					
To own, operat		_		-	
8. NAMES AND ADDRESS	ES OF THE OFFICE	CERS ("X" BOX FOR ATTA			
President Name	.1		Vice President Name Edna R. Sauri	01	
Edna R.: Saurio	1		Street Address	01	
104 Bungy Road			same		
City	State	Zip	City	State	Zip
No. Scituate	RI	02857	 /	•	
Secretary Name Carol Olney	,	•	Treasurer Name Edna R. Sauri	ol	•
Street Address			Street Address	•	
34 Pole Bridge	Road		same		
CNy No. Scituate	State ' RI	zıp 02857	City	State	Zip
9. NAMES AND ADDRESS Director Name		CTORS ("X" BOX FOR AT	TACHMENT) Director Name		
Edna R. Saurio	1				
Street Address Same			Street Address		
Clty	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 ATTA	CHMENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHME	ENT)

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

ESSUED SHARES

200

Number of Shares



600 SHS COMM NO PAR VALUE

Class/Sertes

Par Value

FOR SECRETARY OF STATE USE ONLY

AUTHORIZED SHARES

Number of Shares

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

Class/Series

Common

Par Value

No ParValue



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: Januar	ry 1-March 1 •	Filing Fee: \$50.00			INSTRUCTION RELORE
(FORM MUST BE TYPED IN BI	LACK)				COMPLETING
1. Corporate ID No.	2. Name of Corpora	ztion	•		
80833	CINDY'S	DINER & RESTA	AURANT, INC.		
3. Street Address Principal Busine	ss Office		City North	State	Zip
46 Hartford	Avenue		North Scituate	RI	02857
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 934-2	449	RHODE ISI	LAND		3079
7. Brief Description of the Charac	ter of Business Conducted	in Rhode island			
To own, ope	rate and ot	herwise operat	te a restaurant		
8. NAMES AND ADDRE	ESSES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT)		
President Name			Vice President Name		
Edna Sauriol			Edna Sauriol		
Street Address			Street Address		
104 Bundy Roa	d		104 Bungy Roa	d	
City	State	Zip	City	State	Zip
No. Scituate	RI	02857	No. Scituate	RI	02857
Secretary Name			Treasurer Name		•
Carol Olney					
Street Address			Street Address		
34 Pole Bridg	ge Road				
City	State	Zip	City	State	Zip
N. Scituate	RI	02857			
9. NAMES AND ADDRE	ESSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT)	•	
Director Name			Director Name		
Edna Sauriol					
Street Address			Street Address		
same as above					
City	State	Zip	City	State	Zip
Director Name			Director Name	• •	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ZED AND ISSUED	(*X* BOX FOR ATTACHMENT)	•	
AUTHORIZED SHARES			SSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	Common 1	No par value	200	Common	No par valu
		•			

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

	1 /
File Date:	8/14/97
Check No.:	169.4
Ву:	u
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. Souriel 3-29-9

Edna Sauriol
Print or Type Name of Officer

President Title of Officer

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PROFII CURPURATION **ANNUAL REPORT**

1996



State of Kiloue Islano 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

PORATE ID NO.	2 NAME OF COOPDOATS		PRINT IN BLACK INK.					
	2. NAME OF CORPORATION							
80833 Et adoress principal bush		CINDY'S DINER & RESTAURANT, INC.						
Hartford Avenue			No. Scituate	•	02857			
(401) 934-2449 STATE OF INCOMPORATION RHODE IS			367 C					
	creator Business conflucted in Ri operate and		rate a restauran	t				
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rwwe Edna Sa Domess	uriol		VICE PRESIDENT NAME Edna Sauriol STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·			
	gy Road	ZIP CODE	104 Bungy Ro	a d	ZIP CCOOE			
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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 hereignare true and corrects

File Date:

Check No:

Ву:

For Secretary of State Use Only



Print or Type Name of Officer

President

Signature of Officer Edna Sauriol⁻

Title of Officer DETACH DOTTOM DECODE DETHINHING

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.

Corporate ID:	080833		Δη	nual Report for the	he vear:	1995		
•	CINDY'S DI	NER &		· •	ne year.			
Name of Corporation:				Business Entity is (check one): [X] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)				
Phone: () Address and telephone of t	the principal office of business e			Brief statement o	of the character of operate a restau		ducted in l herwi	Rhode Island: S.E.
Island (Provide street addr <u>Hartford Ave</u>	ess - Not P.O. Box): ⊇		· · · · · · · · · · · · · · · · · · ·					
	e, RI 02857 4-2449		·					
				OFFICEDS AD	т.	-		
PRESIDENT		I AL NAN	STREET ADDRES	<u>OFFICERS AR</u> s	CiTY/ST	ATE		ZIP CODE
James W. Tall	oot	Pole	Bridge	Road	No. Sc:	ituate,	RI	02857
VICE PRESIDENT			STREET ADDRES	s	CITY/\$1			ZIP CODE
Edna Sauriol		104	Bungy Ro			ituate,	RI	02857
SECRETARY Edna Sauriol			street addres	S	СПҮ/51	ATE		ZIP CODE
TREASURER			STREET ADDRES	<u> </u>	CITY/S1	ATE		7JP CODE
Roland P. Tal	lbot	109	No. Coun	ty Club Dr	r. Warw	ick, RI		02888
				DIRECTORS AT		<u> </u>		
NAME			STREET ADDRES	s	CITY/ST	ΆΊĿ		71P CODE
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NUMBER OF SHARES AL	THORIZED (Rider may be attacl	hed)	N	UMBER OF SHARE	ES ISSUED AND	OUTSTANDIN	G (Rider m	ay be attached)
Number of Shares	Class / Series		N	lumber of Shares	Clas	s / Series		
600	Common			200	Com	mon		
Date	DESIGNATED	REGIST	By: James James PRIMPORTES* TITLE OF OFFICE ERED AGEN		ING	ESS:		
PLEASE NOTE: If the re	gistered office and/or registere				•			
	6			/ 10				

PETER K. ROSEDALE 630 HOSPITAL TRUST BUILDING P.O. BOX 513

PROVIDENCE RI 02901

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