



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. 111133		2. Name of Corporation McGrath Clambakes, Inc.			
3. Street Address Principal Business Office 64 HALSEY STREET, #5			City NEWPORT	State RI	Zip 02840-
4. Business Phone No. 4018477743		5. State of Incorporation RHODE ISLAND			6. SIC Code 3086
7. Brief Description of the Character of Business Conducted in Rhode Island TO CARRY ON, CONDUCT AND ENGAGE IN THE PREPARATION, SERVICE AND DELIVERY OF FOOD IN GENERAL INCLUDING BUT NOT LIMITED TO CLAMBAKES AND CLAMBOILS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Thomas McGrath, Jr.			Vice President Name Thomas McGrath, Jr.		
Street Address 64 Halsey Street, Unit 2			Street Address 64 Halsey Street, Unit 2		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Thomas McGrath, Jr.			Treasurer Name Thomas McGrath, Jr.		
Street Address 64 Halsey Street, Unit 2			Street Address 64 Halsey Street, Unit 2		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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
2,000 COMM NO PAR VALUE			-0-	Common	No Par Value

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



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111133 DBC 02/28/05 03:58:15 PM

File Date **FILED**

Check No. **MAR 07 2005** *yc/25*

By: *LB*

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]
Signature of Officer

2/28/05
Date

Thomas McGrath, Jr.

Print or Type Name of Officer

President

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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1. Corporate ID No. 111133		2. Name of Corporation McGrath Clambakes, Inc.			
3. Street Address Principal Business Office 64 HALSEY STREET, #5			City NEWPORT	State RI	Zip 02840-
4. Business Phone No. 401-847-7743		5. State of Incorporation RHODE ISLAND			6. SIC Code 3086
7. Brief Description of the Character of Business Conducted in Rhode Island TO CARRY ON, CONDUCT AND ENGAGE IN THE PREPARATION, SERVICE AND DELIVERY OF FOOD IN GENERAL INCLUDING BUT NOT LIMITED TO CLAMBAKES AND CLAMBOILS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name THOMAS R. McGRATH, JR.			Vice President Name THOMAS R. McGRATH, JR.		
Street Address 47 OAK STREET			Street Address 47 OAK STREET		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Secretary Name THOMAS R. McGRATH, JR.			Treasurer Name THOMAS R. McGRATH, JR.		
Street Address 47 OAK STREET			Street Address 47 OAK STREET		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
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
2,000 COMM NO PAR VALUE			0	COMMON	NO PAR VALUE

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



1 1 1 1 3 3

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.

Thomas R. McGrath, Jr.
Signature of Officer
4/2/04
Date
Thomas R. McGrath, Jr.
Print or Type Name of Officer
President
Title of Officer

111133 DBC 04/02/04 11:15:37 AM

FILED

File Date APR 05 2004

Check No. By M26787600

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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. Corporate ID No. *111133*		2. Name of Corporation McGrath Clambakes, Inc.			
3. Street Address Principal Business Office 64 HALSEY STREET, #5			City NEWPORT	State RI	Zip 02840-
4. Business Phone No. 4018477743		5. State of Incorporation RHODE ISLAND		6. SIC Code 3086	

7. Brief Description of the Character of Business Conducted in Rhode Island
TO CARRY ON, CONDUCT AND ENGAGE IN THE PREPARATION, SERVICE AND DELIVERY OF FOOD IN GENERAL INCLUDING BUT NOT LIMITED TO CLAMBAKES AND CLAMBOILS.

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

President Name Thomas R. McGrath, Jr.			Vice President Name Thomas R. McGrath, Jr.		
Street Address 20 Phelps Street			Street Address 20 Phelps Street		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Thomas R. McGrath, Jr.			Treasurer Name Thomas R. McGrath, Jr.		
Street Address 20 Phelps Street			Street Address 20 Phelps Street		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) 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
2,000	COMM NO PAR VALUE		0	Common	No Par Value

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



111133 DBG10/31/0210:18:11 AM

File Date: 4-17-03

Check No.: 31123

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] 1/1/03

Signature of Officer Date

Thomas R. McGrath, Jr.

Print or Type Name of Officer

Secretary

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *111133* 2. Name of Corporation McGrath Clambakes, Inc.

3. Street Address Principal Business Office 64 HALSEY STREET, #5 City NEWPORT State RI Zip 02840-

4. Business Phone No. 4018477743 5. State of Incorporation RHODE ISLAND 6. SIC Code 3086

7. Brief Description of the Character of Business Conducted in Rhode Island TO CARRY ON, CONDUCT AND ENGAGE IN THE PREPARATION, SERVICE AND DELIVERY OF FOOD IN GENERAL INCLUDING BUT NOT LIMITED TO CLAMBAKES AND CLAMBOILS.

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

President Name Thomas R. McGrath, Jr.	Vice President Name Thomas R. McGrath, Jr.
Street Address 20 Phelps Street ROAD	Street Address 20 Phelps Street ROAD
City Middletown	City Middletown
State RI	State RI
Zip 02842	Zip 02842
Secretary Name Thomas R. McGrath, Jr.	Treasurer Name Thomas R. McGrath, Jr.
Street Address 20 Phelps Street ROAD	Street Address 20 Phelps Street ROAD
City Middletown	City Middletown
State RI	State RI
Zip 02842	Zip 02842

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

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	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	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
2,000 COMM NO PAR VALUE	0 Common No Par Value

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



111133 DBC173702 11:31 AM

FILED

File Date JAN 07 2003

Check No. By GAA 3103

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.

Thomas R. McGrath, Jr. 10/31/02

Signature of Officer Date

Thomas R. McGrath, Jr.

Print or Type Name of Officer

Secretary

Title of Officer



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. 111133		2. Name of Corporation McGrath Clambakes, Inc.	
3. Street Address Principal Business Office 64 HALSEY ST. # 5		City NEWPORT	State RI
		Zip 02840	
4. Business Phone No. 401.847.7743	5. State of Incorporation RHODE ISLAND		6. SIC Code 3086
7. Brief Description of the Character of Business Conducted in Rhode Island CATERING SERVICES - SPECIALIZING IN: CLAMBAKES AND OUTDOOR PARTIES			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name THOMAS R. MCGRATH, JR.		Vice President Name THOMAS R. MCGRATH JR.	
Street Address 59 HOUSTON AVE.		Street Address 59 HOUSTON AVE	
City NEWPORT	State RI	Zip 02840	City NEWPORT
Secretary Name THOMAS R. MCGRATH, JR.		Treasurer Name THOMAS R. MCGRATH, JR.	
Street Address 59 HOUSTON AVE.		Street Address 59 HOUSTON AVE	
City NEWPORT	State RI	Zip 02840	City NEWPORT
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	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
2,000 COMM NO PAR VALUE			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
100	COMMON	NONE	

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



* 1 1 1 1 3 3 *

File Date: 3/1
Check No.: 1692
By: [Signature]

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] Date 2/27/01

THOMAS R MCGRATH JR
Print or Type Name of Officer
SECRETARY
Title of Officer