



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. 98236		2. Name of Corporation CRAZY BURGERS, INC.			
3. Street Address Principal Business Office 144 BOON ST.			City Narragansett	State RI	Zip 02882
4. Business Phone No. 401-763-1810		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURE, DISTRIBUTION AND SALE OF FOOD AND BEVERAGE PRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Maxon			Vice President Name		
Street Address 144 BOON ST.			Street Address		
City Narr.	State RI	Zip 02882	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
100 COMM NO PAR VALUE			0		

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.

Signature of Officer: Michael Maxon Date: 2-6-05  
Print or Type Name of Officer: Michael Maxon  
Title of Officer: President

File Date: FILED  
Check No.: 3464  
By: [Signature] 2005  
FOR SECRETARY OF STATE USE ONLY



**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 <b>98236</b>		2. Name of Corporation <b>CRAZY BURGERS, INC.</b>			
3. Street Address Principal Business Office <b>144 BOON ST</b>			City <b>NARR</b>	State <b>RI</b>	Zip <b>02882</b>
4. Business Phone No <b>401-783-1810</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>0</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>MANUFACTURE, DISTRIBUTION AND SALE OF FOOD AND BEVERAGE PRODUCTS.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Michael Maxon</b>			Vice President Name <b>NONE</b>		
Street Address <b>144 BOON ST.</b>			Street Address <b>---</b>		
City <b>NARR.</b>	State <b>RI</b>	Zip <b>02882</b>	City <b>---</b>	State <b>---</b>	Zip <b>---</b>
Secretary Name <b>NONE</b>			Treasurer Name <b>NONE</b>		
Street Address <b>---</b>			Street Address <b>---</b>		
City <b>---</b>	State <b>---</b>	Zip <b>---</b>	City <b>---</b>	State <b>---</b>	Zip <b>---</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address <b>---</b>			Street Address <b>---</b>		
City <b>---</b>	State <b>---</b>	Zip <b>---</b>	City <b>---</b>	State <b>---</b>	Zip <b>---</b>
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address <b>---</b>			Street Address <b>---</b>		
City <b>---</b>	State <b>---</b>	Zip <b>---</b>	City <b>---</b>	State <b>---</b>	Zip <b>---</b>
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
<b>100 COMM NO PAR VALUE</b>			<b>NONE</b>		

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



\* 9 8 2 3 6 \*

File Date: 2/23/04  
Check No.: 2600  
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: Michael Maxon Date: 2-3-04  
Print or Type Name of Officer: Michael Maxon  
Title of Officer: President



# 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. **98236** 2. Name of Corporation **CRAZY BURGERS, INC.**

3. Street Address Principal Business Office **144 BOON ST** City **Narragansett** State **RI** Zip **02882**

4. Business Phone No. **401-783-1810** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island **Full service restaurant.**

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

President Name **Michael Maxon** Vice President Name **N/A**

Street Address **144 Boon St** Street Address **N/A**

City **Narr.** State **RI** Zip **02883** City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secretary Name **N/A** Treasurer Name **N/A**

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Director Name **N/A** Director Name **N/A**

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)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>100</b>	<b>Comm</b>	<b>0</b>
	<b>100 COMM NO PAR VALUE</b>	<b>Comm</b>	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>N/A</b>		

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



File Date: 5-19-03

Check No.: 1858

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] 1-22-03

Signature of Officer Date

Michael Maxon

Print or Type Name of Officer

President

Title of Officer



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. <b>98236</b>		2. Name of Corporation <b>CRAZY BURGERS, INC.</b>			
3. Street Address Principal Business Office <b>144 BOON ST.</b>			City <b>NARR.</b>	State <b>RI</b>	Zip <b>02882</b>
4. Business Phone No. <b>401 783-1810</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>0</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>RESTAURANT</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Michael Maxon</b>			Vice President Name <b>Michael Maxon</b>		
Street Address <b>144 BOON ST.</b>			Street Address <b>SAME</b>		
City <b>NARR.</b>	State <b>RI</b>	Zip <b>02882</b>	City	State	Zip
Secretary Name <b>Michael Maxon</b>			Treasurer Name <b>Michael Maxon</b>		
Street Address <b>SAME</b>			Street Address <b>SAME</b>		
City	State	Zip	City	State	Zip
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 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	Par Value
<b>100 COMM NO PAR VALUE</b>			<b>0</b>		

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



\* 9 8 2 3 6 \*

File Date: 3-8-02  
1041  
Check No.: \_\_\_\_\_  
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] 02-14-02  
Signature of Officer Date  
Michael Maxon  
Print or Type Name of Officer  
President  
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: 98236 2. Name of Corporation: CRAZY BURGERS, INC.

3. Street Address Principal Business Office: 144 BOON ST. City: Narragansett State: RI Zip: 02882  
4. Business Phone No.: 401-783-1810 5. State of Incorporation: RHODE ISLAND 6. SIC Code: 5812

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

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

President Name <u>Michael Maxon</u>	Vice President Name <u>SAME</u>
Street Address <u>144 Boon St.</u>	Street Address <u>SAME</u>
City <u>Narr.</u> State <u>RI</u> Zip <u>02882</u>	City <u></u> State <u></u> Zip <u></u>
Secretary Name <u>SAME</u>	Treasurer Name <u>SAME</u>
Street Address <u></u>	Street Address <u></u>
City <u></u> State <u></u> Zip <u></u>	City <u></u> State <u></u> Zip <u></u>

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

Director Name <u>NONE</u>	Director Name <u></u>
Street Address <u></u>	Street Address <u></u>
City <u></u> State <u></u> Zip <u></u>	City <u></u> State <u></u> Zip <u></u>
Director Name <u></u>	Director Name <u></u>
Street Address <u></u>	Street Address <u></u>
City <u></u> State <u></u> Zip <u></u>	City <u></u> State <u></u> Zip <u></u>

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

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

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
- 0 -

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



\* 9 8 2 3 6 \*

File Date: 10-4-01  
Check No.: 5964  
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] 10-3-01  
Signature of Officer Date  
Michael Maxon  
Print or Type Name of Officer  
President  
Title of Officer



**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. **98236** 2. Name of Corporation **CRAZY BURGERS, INC.**  
3. Street Address Principal Business Office  
**144 Boon St** City **Narragansett** State **RI** Zip **02882**  
4. Business Phone No. **401-783-1810** 5. State of Incorporation **RHODE ISLAND**  
6. SIC Code **0638**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Manufacturing**

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

President Name <b>Michael Maxon</b>	Vice President Name
Street Address <b>144 Boon St</b>	Street Address
City <b>Narr.</b> State <b>RI</b> Zip <b>02882</b>	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

**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)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>100 COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>0</b>		

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



\* 9 8 2 3 6 \*

File Date: **5/16/00**

Check No.: **4746**

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]** **ASAN** **4-14-00**  
Signature of Officer Date

**Michael Maxon**  
Print or Type Name of Officer

**President**  
Title of Officer



**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. 98236 2. Name of Corporation Crazy Burgers, INC.  
3. Street Address Principal Business Office 144 BOON ST City Narragansett State RI Zip 02882  
4. Business Phone No. 401-783-1810 5. State of Incorporation RI 6. SIC Code 0638  
7. Brief Description of the Character of Business Conducted in Rhode Island retail food manufacturing

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

President Name <u>Michael Maxon</u>	Vice President Name _____
Street Address <u>144 BOON ST</u>	Street Address _____
City <u>Narragansett</u> State <u>RI</u> Zip <u>02882</u>	City _____ State _____ Zip _____
Secretary Name _____	Treasurer Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

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)

AUTHORIZED SHARES	Class/Series	Par Value
<u>0</u>		
<u>0</u>		
<u>0</u>		

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

ISSUED SHARES	Class/Series	Par Value
<u>0</u>		
<u>0</u>		
<u>0</u>		

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

File Date: 8-2-99  
Check No.: 4202  
By: AMF

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: Michael Maxon Date: 7-20-99  
Print or Type Name of Officer: Michael Maxon  
Title of Officer: President