

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 TYPE		<u> </u>				
1. Corporate ID No. 57541	2. Name of Corpo R & L DINE					
3. Street Address Principa		T, INC.				
105 FRANKLIN S			City	State	Zip	
4. Rusiness Phone No	· · · · · · · · · · · · · · · · · · ·	16 600 - 61	WESTERLY	RI	02891-	
4015969954		5. State of Incorpor			6. SIC Code	
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RESTAURANT	Character of missiness Con	aucted in Khode Island				
8. NAMES AND ADD	RESSES OF THE OFF	ICERS ("X" BOX FOR	RATIACHMENT) FILL IN S	SPACES BEFORE USING A	TTACHMENTS	
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105 Franklin S	treet		105 Franklin S	Street		
Ciņ	State	Zip	City	State	Zip	
Westerly	RI	02891	Westerly	RI	02891	
ccretary Name	• • • • • • • • • • • •		Treasurer Name			
Linda L. Flynn			Raymond L. Fly	nn		
Street Address	·		Street Address		 	
105 Franklin S	treet		105 Franklin S	treet		
City	State	Zip	*Ciry	State	Zip	
Westerly	RI	02891	Westerly	RI	02891	
9. NAMES AND ADD	RESSES OF THE DIR	ECTORS ("X" BOX FO	DR ATTACHMENT) FILL IN		ATTACHMENTS	
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105 Franklin St	treet		105 Franklin S	Street		
Ciņ	State	Zip	•City	State	Zip	
Westerly	RI	02891	Westerly	RI	02891	
Director Name			Director Name	* * * * * * * * * * * * * * * * * * *		
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	one man of the	i inc i resident, Fice	. г геолает, эестепагу, ASS.	isiumi secretary, treasi	urer, keceiver or truste	
6 1 6 111 + 6 15	6: 8:::: 8:::::::::::					
	DI DIIRI DEBUI III					
5 7	5 4 1		Under penalty of po	erjury. I declare and affirm	that I have examined	
		 _	this report, includin	g any accompanying sched	lules and statements.	
57541 DBC 01/12	/05 03:13:56 PM		and that all stateme	nts contained herein are tru	ic and correct.	
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Check No.	ر سادس	1	Signature of Officer		Date	
	79	-	Raymond L			
В <u>у:</u>	ac	_	Print or Type Name o	g Officer		
FOR SECRETARY OF ST	TATE LISE ONLY		President			
	THE USE ONLY		Title of Officer	<u> </u>	Form 630 12/0	
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File Date

Check No.

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 Divi. 100 North Main St Prot

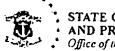
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C7C44	· ·	2. Name of Corporation					
57541	R&L DIN	ER, INC.	 				
3. Street Address Principal E 105 Franklin			City Westerly	Siaic RI	^{Ζφ} 02891		
4 Business Phone No		5. State of Incorpora			6. SIC Code		
(401) 596-99	154	RHODE ISLA	ND		3081		
7. Brief Description of the Co RESTAURANT	baracter of Business Condu	cied in Rhode Island					
8. NAMES AND ADDI	RESSES OF THE OFFI	CERS: ("X" BOX FOR	<i>47774 CHMEN'7'</i>) □ FILL I	N SPACES BEFORE USIN	C ATTACHMENTS		
President Name		(11 2011 1011	Vice President Name	N SINCES DEI ONI. USIN	O ATTACIMENTS		
Raymond L. Fl	.ynn		Linda L. Flyn	n			
Street Address	<u>-</u>		Street Address				
105 Franklin	Street		105 Franklin	Street			
City	State	Zip	City	State	Z.ip		
Westerly	RI	J02891	Westerly	RI	02891		
Secretary Name			Treasurer Name				
Linda L. Flyn	บา		Raymond L. Fl	ynn			
Street Address	-		Street Address	• • • • • • • • • • • • • • • • • • • •			
105 Franklin		 .	105 Franklin	Street			
City	State	Zip	Clty	State	Zip		
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Director Name	RESSES OF THE DIKE	CIORS: ("X BOX FO)	: Director Name	L IN SPACES BEFORE US	ING ATTACHMENTS		
			Director Name	n			
Raymond L. Fl	tmn		: Tinda T Elim				
Raymond L. Fl	ynn		Linda L. Flyn	11			
Street Address	· · ·		Street Address				
	· · ·	Zip			Zip		
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Print or Type Name of Officer President Title of Officer Form 630 Rev. 12/03

Raymond L. Flynn

Under penalty of perjury, I declare and affirm that I have examined this re including any accompanying schedules and statements, and that all staten contained herein are true and direct.



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

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE VEAD 2003

Filing Period: January	I - March 1 ● Fi	ling Fee: \$50.00	OKI FOR THE	I EAR		
(FORM MUST BE TYPED IN		•				
I. Carporate ID No. *57541*		2. Name of Corporation R & L DINER, INC.				
3. Street Address Principal But P: 0: BOX-3456	isiness Office 123 POST RO	,	City PEACE DALE W	State RI	2ip 0289/ 02033=8	
4. Business Phone No 401 - 596 - 994	54	5. State of Incorpora RHODE ISLA			6. SIC Code 3081	
7. Brief Description of the Ch.	aracter of Business Cond	hicted in Rhode Island				
8. NAMES AND ADDRE	SSES OF THE OFF	CERS C'X" BOX FOR	ATTACHMENT) FILL IN S	PACES BEFORE USING A	TACHMENTS	
Raymond L. Flynn			Linda L. Flynr	1		
Street Address			Street Address			
123 Post Road			. 123 Post Road			
City Westerly Scirciary Name	State RI	Zip 02891	City Westerly	State RI	<i>Zip</i> 02891	
Linda L. Flynn	•		<i>Treasurer Name</i> Raymond L. Fly	nn		
Street Address			Street Address	······································		
123 Post Road			.123 Post Road			
Cuy	State	Zip	*City	State	Zip	
Westerly	RI	02891	Westerly	RI	02891	
9. NAMES AND ADDRE	SSES OF THE DIRE	CTORS CX" BOX FO	RATTACHMENT) FILL IN	SPACES BEFORE USING		
Raymond L. Flynn			Linda L. Flynn	1		
Street Address			Street Address		سيب ده د د ومساوه کا د ده د	
123 Post Road	•		123 Post Road			
City	State	7.ip	*City	State		
Westerly	RI	02891	Westerly	RI	02891	
Director Name		• • • • • • • • • • • •	Director Name	 	• • • • • • • • • • •	
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Street Address			Street Address			
City	TSiate	Zip	City	Tours		
		2.10	•	State	Zip	
10. SHARES AUTHORIZ	ZED CA" BON FOR A	TTACHMENT)	II. SHARES ISSUED (X" BOX FOR ATTACHMEN	n	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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This report must be sign	red in ink by either	the President Vice	President, Secretary, Ass	istant Secretary Trace	urar Receiver on Truct	
		me / resident, rice	r resident, Secretary, Ass	isiani Secretary, Treasi	arcr, Receiver or Trusic	
* 5 7	5 4 1 *		this report, includir	erjury; I declare and affirm ag any accompanying sche	dules and statements,	
*57541 DBC2/1 <u>3/0</u> 31	1:12:57 AM	.	and that all stateme	ints contained herein are th	ue and correct.	
File Date	50-05		Signature by Officer	dh. Hy	Date	
Check No. 50	<u> </u>		Raymond l	Flynn		
_{Ru:}	Lc		Print or Type Name of	of Officer		

President



Edward S. Inman, III. Secretary of Sta Corporation Division 100 North Main Street, Providence, RI 02903-132 401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002



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(FORM MUST BE TYPED IN BI					
, 1. Corporate ID No. 57541	2. Name of Corpor				•
31 341 3. Street Address Principal Busine	R&L DINE	K, INC.	City	Comba.	•
P. O. Box 345			Peace Dale	State RI	2ip 02883
4. Business Phone No.		5. State of Incorporat	ion	V	6. SIC Code 3081
7. Brief Description of the Charac	ter of Business Conducted				500 i
restaurant					
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS (*X* BOX FOR AT	TACHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
Raymond L. F.	lynn		Linda L. Flyn Street Address	n	
123 Post Road	đ		123 Post Road		
City	State	Zıp	City	State	Zip
Westerly	RI	02891	Westerly	RI	02891
Secretary Name Linda L. Fly:	nn		Treasurer Name Raymond L. Fl	ynn	
Street Address			Street Address	_	
123 Post Road	đ		123 Post Road		
City	State	Zip	City	State	Zip
Westerly	RI	02891	Westerly	RI	02891
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR ,		S BEFORE USING ATT	ACHMENTS
Raymond L. F	lvnn		Director Name Linda L. Flyn	n	
Street Address	- <i>J</i>		Street Address	•••	
123 Post Road	d		123 Post Road		
City	State	Zip	City	State	Zip
Westerly	RI	02891	Westerly	RĬ	02891
Director Name			Director Name		
Street Address			Street Address		
City	State	Ζίρ	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED (*x* box for att	ACHMENT)	11. SHARES ISSUED (*)	X" BOX FOR ATTACHMENT	r <u>y</u>
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This report must be sign	ned in ink by eitl	ner the President, Vi	ce President, Secretary, Assis		urer, Receiver or Truste
1.101					



File Date:	3.5-02	
Check No.:	115-4	_
B)::	Ze	
	RY 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 Date

Raymond L. Flynn

Print or Type Name of Officer
President

Corporations Divi. 100 North Main Street, Providence, RI 02903-1 401-222-3

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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

State

RI

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i	ing	Period:	January	y 1-March 1	•	Filing	Fee: \$5	50.

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3. Street Address Principal Business Office

P. O. Box 3456

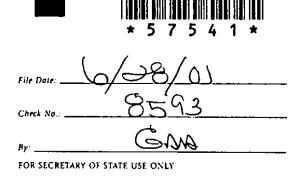
2. Name of Corporation R&L DINER, INC.

7. Brief Description of the Character of Buriness Conducted in Rhode Island PESTAURAN 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)* FILL IN SPACES BEFORE USING ATTACHMENTS Persident Name Raymond L. Flynn Linda L. Flynn Storet Adderss 123 Post Road City State Zip Westerly RI 02891 Westerly RI 02891 Servicing Name Linda L. Flynn Storet Adderss 123 Post Road City State Zip Raymond L. Flynn Storet Adderss 123 Post Road City State Zip Westerly RI 02891 Director Name Raymond J. Flynn Storet Address 123 Post Road City State Zip Westerly RI 02891 Director Name Storet Address 123 Post Road City State Zip City State Zip O2891 Director Name Storet Address 123 Post Road City State Zip City State Zip O2891 Director Name Storet Address 123 Post Road City State Zip O2891 Director Name Storet Address 123 Post Road City State Zip O2891 Director Name Storet Address City State Zip O2891 Di	4. Business Phone No.		S. State of Incorporate RHODE ISL			4. 3.08 4.
B. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name	7. Brief Description of the Character	of Business Conducted i	n Rhode Island	•		
President Name Raymond L. Flynn Sizer Address 123 Post Road City State Zip City State Linda L. Flynn Westerly RI 02891 Westerly RI 02891 Sizer Address Linda L. Flynn Sizer Address Raymond L. Flynn Sizer Address Linda L. Flynn Sizer Road City State Zip Westerly RI 02891 Westerly RI 02891 Poeter Name Raymond J. Flynn Sizer Address Linda L. Flynn Sizer Address Linda L. Flynn Sizer Address Linda L. Flynn Sizer Address Sizer Address Sizer Address Linda L. Flynn Sizer Address Sizer Address Linda L. Flynn Sizer Address	restaurant					
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Linda L. Flynn Street Address 123 Post Road City State Zip City State Zip WESTERLY RI 02891 Westerly RI 02891 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Raymond J. Flynn Street Address 123 Post Road City State Zip Westerly RI 02891 Westerly RI 123 Post Road City State Zip Westerly RI 02891 Westerly RI O2891 Director Name Street Address Street Address Street Address Street Address City State Zip O2891 Director Name Street Address Street Address Street Address Street Address City State Zip O2891 Director Name Street Address Street Address Street Address Street Address City State Zip O2891 O2	Westerly	RI	02891	Westerly	RI	02891
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City State Zip City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 2,000 SHS COM NO PAR VAL	Director Name			Director Name		
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES **SUED SHARES** **SUED SHARES** **SUED SHARES** **Number of Shares** **Class/Series** **Par Value** 2,000 SHS COM NO PAR VAL	Street Address			Street Address		
AUTHORIZED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value	City	State	Zip	City	State	Zip
2,000 SHS COM NO PAR VAL) ("X" BOX FOR ATT	ACHMENT)		* BOX FOR ATTACHMENT	r)
2,000 SHS COM NO PAR VAL	Number of Shares	Class/Series	Par Value		Class/Series	Par Value
	2,000 SHS COM NO	PAR VAL		500	common	no par val

City

Peace Dale

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



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, as that all statements contained higrein are true and correct. Signature of Officer Raymond L. Flynn Print or Type Name of Officer President Title of Officer



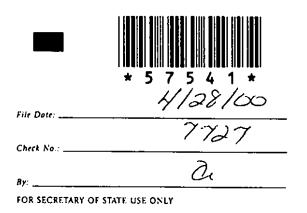
James R. Langevin, Secretary of L Corporations Divi 100 North Main Street, Providence, RI 02903-1 401-222-

401-222-3 STO PULINE RI

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

TOWN MOST BE TITED IN BUM	CKI				
I. Corporate ID No.	2. Name of Corporat	lon			
57541 3. Street Address Principal Business	R & L DIN	ER, INC.	City	State	7/-
P. O. Box 3456	<i>ση</i>		Peace Dale	RI	02883
4. Business Phone No.		5. State of Incorporatio			6. SIC Code
		•			3081
7. Brief Description of the Character	of Business Conducted in	RHODE ISLAI Rhode Island	10		5001
restaurant					
8. NAMES AND ADDRESS	SES OF THE OFFI	CERS ("X" BOX FOR ATTA	ACHMENT) FILL IN SPACES I	SEFORE USING ATTAC	CHMENTS
President Name			Vice President Name		
Raymond L. Fly	nn		Linda L. Fly	nn	
Street Address			Street Address	_	
123 Post Road			123 Post Roa	d	
City	State	Zip	City	State	02891
Westerly	RI	02891	Westerly	RI	02891
Secretary Name			Treasurer Name	3	
Linda L. Flynn			Raymond L. F	TÀUU	
Street Address			Street Address 123 Post Roa	a	
123 Post Road			123 POST ROA	a	
Westerly	State RI	راه 02891	Westerly	State RI	02891
-			=		
9. NAMES AND ADDRESS Director Name	SES OF THE DIRE	CTORS ("X" BOX FOR A		S BEFORE USING ATT	ACHMENTS
Raymond J. Fly	nn		Director Name Linda L. Fly	nn	
Street Address			Street Address		
123 Post Road			123 Post Roa	đ	
City	State	Zip	City	State	Zip
Westerly	RI	02891	Westerly	RI	02891
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE1 AUTHORIZED SHARES) ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*,	X* BOX FOR ATTACHMEN	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3 000 cue com uo	0.00 W.1		500	common	no par va
2,000 SHS COM NO	PAR VAL		300	COMMICIA	1.0 Par ve

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



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, a that all statements contained herein are true and correct.

1- Danmard J Alyn Signature of Officer	
Signature of Officer	Date
n 1 * n1	

Raymond L. Flynn
Print or Type Name of Officer

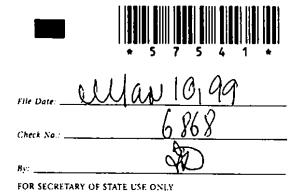
President



James R. Langevin, Secretary of. Corporations Div 100 North Main Street, Providence, RI 02903-

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. 2. Name of Corporation 57541 R & L DINER, INC. 3. Street Address Principal Business Office City State ZipP. O. Box 3456 Peace Dale RI 02813 4. Business Phone No. 5. State of Incorporation 6. SIC Code **RHODE ISLAND** 3081 401 596 9954 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 Vice President Name Raymond L. Flynn Street Address Linda L. Flynn Street Address 123 Post Road 123 Post Road State 210 Cltv State 02891 02891 Westerly RI :Westerly RI Secretary Name Treasurer Name Linda L. Flynn Raymond L. Flynn Street Address Street Address 123 Post Road 123 Post Road City State Zip City State 210 02891 Westerly 02891 Westerly RΙ 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name **Director Name** Raymond J. Flynn Linda L. Flynn Street Address Street Address 123 Post Road 123 Post Road State Zip City State ZIp 02891 RI 02891 Westerly Westerly RΙ Director Name Director Name Street Address Street Address 1 City State Zip City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR AITACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 2,000 SHS COM NO PAR VAL 500 common no par This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Tru:



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, a that all statements contained herein are true and correct.

Raymond L. Flynn

Print or Type Name of Officer

President

Title of Officer

Signature of Officer



(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of S Corporations Divi 100 North Main Street, Providence, RI 02903-1 401-277-3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No. 2. Name of Corporation R & L DINER, INC. 3. Street Address Principal Business Office City State Zip P. O. Box 3456 Peace Dale RI 02813 4. Business Phone No. 5. State of Incorporation 6. SIC Code 401 296 9950 RHODE ISLAND 3081 7. Brief Description of the Character of Business Conducted in Rhode Island restaurant 8. NAMES AND ADDRESSES OF THE OFFICERS (*x* BOX FOR ATTACHMENT) President Name Vice President Name Raymond L. Flynn Linda L. Flynn Street Address Street Address 123 Post Poad 123 Post Road City State 210 City State Zip Westerly RI 02891 RI 02891 Westerly Secretary Name Treasurer Name Linda L. Flynn Paymond L. Flynn Street Address Street Address 123 Post Road 123 Post Road City State Clly Zip State ZIp 02891 02891 Westerly RI Westerly RI 9. NAMES AND ADDRESSES OF THE DIRECTORS (*x* BOX FOR ATTACHMENT) Director Name Director Name Raymond J. Flynn Linda L. Flynn Street Address Street Address 123 Post Road 123 Post Road City State Zip State Zip RI 02891 RI 02891 Westerly Westerly Director Name Director Name Street Address Street Address City State Zip City State Zio 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

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

500

	* 5 7 5 4 1 *
File Date:	318
Check No.:	6178
Ry:	100
FOR SECRETARY (OF STATE USE ONLY

2,000 SHS COM NO PAR VAL

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, a that all statements contained herein are true and correct.

common

no par

Raymond L. Flynn

Print or Type Name of Officer President

Signature of Officer

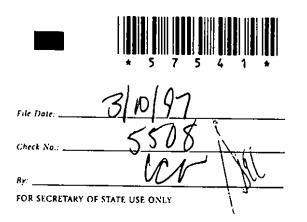


James R. Langevin, Secretary of S Corporations Divi 100 North Main Street, Providence, RI 02903-, 401, 277.

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. 2. Name of Corporation 57541 R & L DINER, INC. 3. Street Address Principal Business Office City State P.O. Box 3456 Peace Dale RI 02813 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND 3081 7. Brief Description of the Character of Business Conducted in Rhode Island restaurant 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) President Name Vice President Name Raymond L. Flynn Linda L. Flynn Street Address Street Address 123 Post Road 123 Post Road City State Zip Westerly RI 02891 Westerly 02891 RI Secretary Name Treasurer Name Linda L. Flynn Raymond L. Flynn Street Address Street Address 123 Post Road 123 Post Road City State State Westerly RI 02891 02891 Westerly RI 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name Director Name Raymond J. Flynn Linda L. Flynn Street Address Street Address 123 Post Road 123 Post Road City State State Zip 02891 Westerly RI 02891 Westerly RΙ Director Name Director Name Street Address Street Address City State Zip 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 2,000 SHS COM NO PAR VAL 500 common no par val:

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



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, a that all statements contained herein are true and correct.

Raymond L. Flynn
Print or Type Name of Office

President Manual L

Title of Officer

t the

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantatic James R. Langevin, Secretary of State Corporations Division

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3

Filing Period: January 1-March 1

Filing Fee: \$50.00

		PLEASE TYPE OR	PRINT IN BLACK INK.			
1. CORPORATE IO NO.	2. NAME OF CORPORA	NON		· · · · · · · · · · · · · · · · · · · 		
57541	R &	L DINER, INC.				
3. STREET ADDRESS PRINCIPAL BUSINESS OFF	OL.		air	STATE	ZP 000€	
P. O. Box 3456		Peace Dale	RI	02813		
4. BUSINESS PHONE NO		5. STATE OF ENCORPORATION	01 1 VD		6. SIC CODE	
		RHODE I	SLAND .		3081	
restaurant	LUSINESS CONDUCTED IN R	HODE ISLAND		 ,		
	8	NAMES AND ADDR	ESSES OF THE OF	FICERS		
PRESIDENT NAME			VICE PRESIDENT NAME			
Raymond L. Fl	ynn		Linda L. Flyn	nn		
123 Post Road			123 Post Road	3		
OTTY .	STATE	21P COOK	ary	STATE	ZIP CODE	
Westerly SECRETARY HAVE	RI	02891	Westerly	Rl	02891	
			TREASURER HAME			
Linda L. Flyn	n			Raymond L. Flynn		
123 Post Road			123 Post Road	STREET ADDRESS		
on 123 POSC ROAG	STATE	T ZIP COOK	123 FOSC ROAC	T STATE	T2₱ 000€	
Westerly	RI	02891	Westerly	RI	02891	
Raymond J. Fl	• • •	NAMES AND ADDR	ESSES OF THE DI			
sireet ADDRESS 123 Post Road			STREET ADDRESS 123 Post Road	i		
Westerly	state Ri	27° 000€ 0 2 8 9 1	Westerly	STATE R1	02891	
O'RECTOR HAVE			DIRECTOR NAME			
STREET ADORESS		STREET ADDRESS				
an and	STATE	77F C00%	ary	STATE	ZP 000E	
	1 0 . AUTHORIZED SKARI	SHARES AUTHOR	IZED AND ISSUED	IECHER CHARCE		
MUMBER OF SHARES CLASS / SERTES PAR VALUE			MUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE	
2 000 000 000 00		500	common	no par value		
2,000 SHS COM NO PAR VAL		500	common	no par varue		
						
	 			1		
Presi	dent, Vice Pre	This report must be SIC esident, Secretary, Assis	GNED IN INK by either the stant Secretary, Treasurer,	e Receiver or Truste	ee lii	

File Date: 3/8/96

Check No: 4/85

By: MICO P

For Secretary of State Use Only

Under penalty of perjury, I declare and affirm that I have examined report, including any accompanying schedules and statements, and all statements contained herein are true and correct.

Signature of Officer

Raymond L. Flynn

Print or Type Name of Officer

President

Title of Officer

3/5/96 Date

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 REPOR'

Please Type or Prii File Annually – Jan. 1 - March

Filing Fee \$50.0

Make Checks Payable to: Secretary of Sta-

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

Corporate ID: 0057541		Annual Report for i	the year: 1995	
	DINER, 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): [M Business Corporation (See RIGL Chapter 7-1.1)] Professional Service Corporation (See RIGL Chapter 7-5.1)		
Dhann (*)		<u>_restaur</u>	of the character of business conducted in	
Phone: (401) 596-9954				
	THE NAMES OF T	HE OFFICERS AR	. <u></u>	·
Raymond I. Flynn	P. O. Box 3456	DRESS	Peace Dale, RI	0 28 1
Linda L. Flynn	P. O. Box 3456		Peace Dale, Rf	0281 ZIPCO
Linda L. Flynn	P. O. Box 3456		Peace Dale, RI	0281 ZIPCO
Raymond J. Flynn	P. O. Box 3456 THE NAMES OF TH	F DIRECTORS AT	Peace Dale, RI	0281
Raymond J. Flynn	P. O. Box 3456	083.88	Peace Dale, RI	7:PCO 0281
linda L. Flynn	P. O. Box 3456		Peace Dale, RI	29 CO
NUMBER OF SHARES AUTHORIZED (Rider may)	e attached)	NUMBER OF SHARE		may be attached)
Number of Shares 2000Class / Series	common	Number of Shares	500 Class / Series commo	· -
Form 31 1/95	95 By: Ray PRINT DE TOTAL OF OF	mond L. Fly The National Conference of the Natio	NG	·
PLEASE NOTE: If the registered office and/or re	TED REGISTERED AGE gistered agent indicated below			

JAMES H. REILLY 146 WESTMINSTER STREET, SUITE 500 PROVIDENCE RI 02903

Filing Fee \$50,00 Payable to Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations Office of The Secretary of State

File Annually LLC Sept 1 - Nov 1 CORP Jan 1 - March 1

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID	Annual Report for the year 1994		
Name of Business Entity	R & L DINER, INC.		
Programme and the state of the	Business Entity is (check one)		
Basiness entity organized under the laws of the State ofRI	[X3] Business Corporation (See RIGU Chapter 7.3.1)		
Federal Taxpayer Identification Number, 🚩	[] Professional Service Corporation (See RIGL Chapter 7-8/1)		
For foreign entity, address and telephone number of principal office	[] Limited Liability Company (See RIGL 7-16)		
	Name, title and mailing address of contact person to whom communications may be directed		
·	James H. Reilly - Agent		
	_ 146 Westminster Street - Suite 500		
Phone ()	Providence, RI 02903		
Address and releptions of the principal office of business entity in Rhode			
Isrand (Provide street address - Not P.O. Box)	Brief statement of the character of basiness conducted in Rhode Island		
105 Franklin Street	restaurant		
Westerly, RI 02891	· - · · · · · ·		
. <u> </u>	Date of Organization 9/21/89		
Phone (401 596-9954	Date of Qualification to do business to Rhode Island (if foreign entity)		
	<u></u> -		
THE NAME (error : DE THE OFFICERS ARE:		
U subdividual to the transfer of the same	THE OFFICERS ARE:		
Raymond L. Flynn P. O. Bu	<u>02813</u> OX 3456 Peace Dale, Rf 02813		
Linda L. Flynn	" "		
	Zecon u H		
Linda L. Flynn Den i inaxun oru erok X idamik Eroka oka Sik	granges the second		
Rayword C. Flynn "			
	F THE DIRECTORS ARE:		
	CT ALOR AS CITYSTATE ZIPOTON.		
Linda L. Flynn	U Unicon C. Vipriss Program 2000 (Constitution of Constitution		
VISIL VIE	T. ADMIN THE AND ADMINISTRA		
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (I) App (cable)		
NUMBER 2000	NUMBER 500		
CLASS CORMON	CLASS COMMON		
SERIES	SERIES		
	į		
MITHOLT PAR	PAR VALUEOR NO PAR Value		
,			
Date February 1994 By	Japan L Hlynn		
FILED R	aymond L. Flynn		
飛飛り上り24 。	- •		
nc. 1/	esident or encommo		
By_[\(\bu)\)			
form 3: 1/94			
DESIGNATED REGISTERED OR RE	SIDENT AGENT FOR SERVICE OF PROCESS:		

PLEASE NOTE. If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filled.

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0057541		Annual Report for the year 1993			
FIRST: The name of the corporation is		R & L DINER, INC			
SECOND: It is incorporated under the laws of THIRD: Character of business, briefly stated, is related business incidental there		Rhode Island	Rhode Island		
		operation of a restaurant and all eto.			
FOURTH: If fore	eign corporation, address of its pr	incipal office			
FIFTH: Business	address in Rhode Island	735 Hospital Trus	st Building		
		Providence, Rhode	e Island 02903-2465		
Sixth: Names a	and addresses of its directors and		(Attach rider if necessary)		
Raymond L.	Flynn Director	P O Box 3456, Pea	ace Dale, RI 02813		
Linda L. Fl	ynn Director	Same as above			
	Director				
Raymond L.	Flynn President	Same as above			
Linda L. Fl	ynn Vice Preside	nt Same as above			
Linda L. Fl	ynn Secretary	Same as above			
Raymond J.	Flynn Treasurer	Same as above			
SEVENTH: Num	ber of Shares authorized:		Par Value		
No of Shares	Class	Series	or statement that shares are without par value		
2000	common	PAID	no par value		
Еіднтн: Numbe	er of Shares issued:	MAR 1 2 1993	Par Value		
No. of Shares	Class	SECY OF STATE	or statement that shares are without par value		
500	common		no par value		
DatedFebruary		··R···&···L···D·INER·;····INC·,····· Name of Corporation)			
	В		······		
(Report must	be signed by an officer) T	itle Atomo - soc	7. H-6-		

WAIVER OF NOTICE OF ANNUAL MEETING

OF THE STOCKHOLDERS OF

R & L DINER, INC.

We, the undersigned shareholders, hereby agree and consent that the annual meeting of shareholders of the corporation be held on the date and at the time and place stated below for the purpose of electing directors of the corporation and the transaction thereat of all such other business as may lawfully come before said meeting and hereby waive all notice of the meeting and any adjournment thereof.

Date of meeting

January 4, 1993

Time of meeting

4:00 P. M.

Place of meeting

735 Hospital Trust Building Providence, RI

Dated: January 4, 1993

MINUTES OF ANNUAL MEETING

OF THE STOCKHOLDERS OF

R & L DINER, INC.

The annual meeting of the stockholders of the corporation was held at 735 Hospital Trust Building, Providence, Rhode Island, on January 4, 1993, at 4:00 P. M.

The meeting was called to order by the president of the corporation.

The secretary then reported that the meeting had been called pursuant to a waiver of notice in accordance with the by-laws. It was ordered that a copy of the waiver of notice be appended to the minutes of the meeting.

Present were Raymond L. Flynn and Linda L. Flynn, being all of the stockholders of the corporation.

The chairman stated that a majority of the total number of shares issued and outstanding was represented and that the meeting was complete and ready to transact any business before it. The president then gave a general report of the business and finances of the corporation.

The chairman then stated that the election of directors of the corporation was now in order. Upon motion duly made and seconded, the following individuals were elected directors of the corporation to serve until the next annual meeting of stockholders or until their successors are elected and shall qualify:

Raymond L. Flynn Linda L. Flynn

There being no further business to come before the meeting, it was voted to adjourn.

Bapa I Flyn

Filing Fee \$50.00

To be filed annually between January 1st and March 1st

To be Jan State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903 Appual Report for the year....

Corporate ID 0057541		Annual Report for the year 1992		
First: The name o	f the corporation is	5 & L DINER.	INC.	
Second: It is incor	porated under the laws of	Rhode Island		
THIRD: Character of	of business, briefly stated, is	operation of a r	estaurant and all related	
business incidental	thereto			
FOURTH: If foreign	corporation, address of its	principal office		
Fifth: Business add	dress in Rhode Island	735 Hospital Trust B	uilding	
		Providence, Rhode Is	land 02903-2465	
SIXTH: Names and	addresses of its directors ar		(Attach rider if necessary) uding number, street, zip code)	
Raymond L. Flynn	Director	P. O. Box 3456, Pe	ace Dale, RI 02813	
Linda L. Flynn	Director	Same as above		
	Director			
Raymond L. Flynn	President	Same as above		
Linda L. Flynn	Vice Presi	dentSame as above		
Linda L. Flynn	Secretary	Same as above		
Raymond L. Flynn	Treasurer	Same as above		
Seventh: Number	of Shares authorized:		Par Value or statement that	
No. of Shares	Class	Series	shares are without par value	
2000	common		no par value	
Еюнтн: Number o	of Shares issued:	•	Par Value or statement that shares are without	
No of Shares	Class	Series	par value	
500	common		no par value	
Dated February	19 92	R & L DINER, INC. (Name of Corporation)		
		By Gagner 2	to Felger	
(Report must be	signed by an officer)	Title Preside	ent	

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0057541	Annual Report for the ye	ear 1991
FIRST: The name	of the corporation is	R & L DINER, INC.	
SECOND: It is inco	orporated under the laws of	Rhode Island	
THIRD: Character of business, briefly stated, is		operation of a restaurar	nt and all related
business incidental	thereto		
FOURTH: If foreig	n corporation, address of its p	orincipal office	
Fifth: Business ac	ddress in Rhode Island	735 Hospital Trust Build	ling
		Providence, Rhode Island	1 02903-2465
SIXTH: Names and	d addresses of its directors and Office	d officers: Address (including numbe	(Attach rider if necessary)
.Raymond.L. Elynn	Director	P. O. Box 3456, Peace Da	ale, RI 02813
.Linda L. Flynn	Director	Same as above	
·····	Director		
Raymond L. Flynn	President	Same as above	
Linda L. Flynn	Vice Presid	lent Same as above	
Linda L. Flynn	Secretary	Same as above	
.Raymond L. Flynn	Treasurer	Same as above	
SEVENTH: Numbe	r of Shares authorized:		Par Value or statement that
No. of Shares	Class	Senes	shares are without par value
2000	common	PAID	no par value
EIGHTH: Number of Shares issued:		MAR U4 1991	Par Value
No. of Shares	Class	SEC'Y OF STATE	or statement that shares are without
500	common	Sens.	no par value
Dated February	1991	R & L DINER, INC.	
		(Name of Corporation)	Algeria
(Report must be	signed by an officer)	Title President	

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0057541		Annual Report for the year 1990		
FIRST: The name of t	he corporation is	R & L DINER, INC.		
SECOND: It is incorpo	orated under the laws of	Rhode Island		
THIRD: Character of	business, briefly stated, is.	operation of a res	taurant and all re-	
lated business inc	****************			
FOURTH: If foreign co	orporation, address of its p	orincipal office		
FIFTH: Business addre		Hospital Trust Bu		
	Pro	vidence, Rhode Isl	and 02903	
SIXTH: Names and ad	Idresses of its directors and Office		(Attach rider if necessary) ing number, street, zip code)	
Raymond L. Flynn	Director	P. O. Box 3456,	Peace Dale, RI 02813	
Linda L. Flynn	Director	P. O. Box 3456,	Peace Dale, RI 02813	
	Director			
Raymond L. Flynn	President	Same as above		
Linda L. Flynn	Vice Presid	ent Same as above		
Linda L. Flynn	Secretary	Same as above	·····	
Raymond L. Flynn	Treasurer	Same as above	·····	
Seventh: Number of	Shares authorized:		Par Value or statement that	
No. of Shares	Class	Series	shares are without par value	
2,000	common		no par value	
Eіднтн: Number of S	Shares issued:		PAID ar Value or statement that	
No. of Shares	Class	Series	MAR 1 Shareyare without	
500	common	•	SEC'Y mo partivalue	
Dated Februar		R & L DINER, INC.		
		(Name of Corporation)	I Flynn	
		By Letterson - The	α α'	

Title President

(Report must be signed by an officer)

Form 31 1/85