



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 IN BLACK)

1. Corporate ID No. 104948		2. Name of Corporation INP Beverage Services, Inc.			
3. Street Address Principal Business Office 1140 RESERVOIR AVENUE		City CRANSTON	State RI	Zip 02920	
4. Business Phone No. 401-946-4600		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF OWNING AND OPERATING A RESTAURANT AND LOUNGE.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Elizabeth Procaccianti			Vice President Name Robert G. Andrew		
Street Address 1140 Reservoir Avenue			Street Address 1140 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Elizabeth Procaccianti			Treasurer Name Elizabeth Procaccianti		
Street Address 1140 Reservoir Avenue			Street Address 1140 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Elizabeth Procaccianti			Director Name Robert G. Andrew		
Street Address 1140 Reservoir Avenue			Street Address 1140 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
8,000 COMM \$1.00 PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
200		Common Stock	\$1.00		

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



1 0 4 9 4 8

\*104948 DBC 08/22/05 03:02:41 PM\*

File Date **FILED**

Check No. **SEP 09 2005**

By **946536**

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

Date

Elizabeth Procaccianti

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

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 IN BLACK)

1. Corporate ID No. 104948		2. Name of Corporation INP Beverage Services, Inc.			
3. Street Address Principal Business Office 1140 RESERVOIR AVENUE		City CRANSTON	State RI	Zip 02920-	
4. Business Phone No. 401-946-4600		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF OWNING AND OPERATING A RESTAURANT AND LOUNGE.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Elizabeth Procaccianti		Vice President Name Robert G. Andrew			
Street Address 1140 Reservoir Avenue		Street Address 1140 Reservoir Avenue			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Elizabeth Procaccianti		Treasurer Name Elizabeth Procaccianti			
Street Address 1140 Reservoir Avenue		Street Address 1140 Reservoir Avenue			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert G. Andrew		Director Name Elizabeth Procaccianti			
Street Address 1140 Reservoir Avenue		Street Address 1140 Reservoir Avenue			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
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
8,000 COMM \$1.00 PAR VALUE			200.00	Common Stock	\$1.00

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



1 0 4 9 4 8

\*104948 DBC 02/26/04 12:55:08 PM\*

File Date 5-3-09

Check No. 10624

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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer

Form 630 12/01



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. **104948** 2. Name of Corporation **INP Beverage Services, Inc.**  
3. Street Address Principal Business Office **1140 Reservoir Avenue** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Own and operate a restaurant and lounge**

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

President Name <b>Elizabeth Procaccianti</b>	Vice President Name <b>Robert G. Andrew</b>
Street Address <b>1140 Reservoir Avenue</b>	Street Address <b>1140 Reservoir Avenue</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>
Secretary Name <b>Elizabeth Procaccianti</b>	Treasurer Name <b>Elizabeth Procaccianti</b>
Street Address <b>1140 Reservoir Avenue</b>	Street Address <b>1140 Reservoir Avenue</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>

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

Director Name <b>Robert G. Andrew</b>	Director Name <b>Elizabeth Procaccianti</b>
Street Address <b>1140 Reservoir Avenue</b>	Street Address <b>1140 Reservoir Avenue</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>8,000 COMM</b>	<b>\$1.00</b>	<b>PAR VALUE</b>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>200.00</b>	<b>Common Stock</b>	<b>\$1.00</b>

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



\* 1 0 4 9 4 8 \*

File Date: 3.12-03

Check No.: 11621

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 of Officer: [Signature] Date: [Date]

Print or Type Name of Officer

Title of Officer

5

Form 630 12/02



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.

104948

2. Name of Corporation

INP Beverage Services, Inc.

3. Street Address Principal Business Office

1140 Reservoir Avenue

City

Cranston

State

RI

Zip

02920

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3079

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

Own and operate a restaurant and lounge

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

President Name

Vice President Name

Elizabeth Procaccianti

Robert G. Andrew

Street Address

Street Address

1140 Reservoir Avenue

1140 Reservoir Avenue

City

State

Zip

City

State

Zip

Cranston

RI

02920

Cranston

RI

02920

Secretary Name

Treasurer Name

Elizabeth Procaccianti

Elizabeth Procaccianti

Street Address

Street Address

1140 Reservoir Avenue

1140 Reservoir Avenue

City

State

Zip

City

State

Zip

Cranston

RI

02920

Cranston

RI

02920

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

Director Name

Director Name

Robert G. Andrew

Elizabeth Procaccianti

Street Address

Street Address

1140 Reservoir Avenue

1140 Reservoir Avenue

City

State

Zip

City

State

Zip

Cranston

RI

02920

Cranston

RI

02920

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

8,000 COMM \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200.00

Common Stock

\$1.00

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



\* 1 0 4 9 4 8 \*

File Date: 4-2-02

Check No.: 10224

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 of Officer

Elizabeth Procaccianti

Print or Type Name of Officer

President

Title of Officer

Date: 2/27/02



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. **104948** 2. Name of Corporation **INP Beverage Services, Inc.**  
3. Street Address Principal Business Office **1140 Reservoir Avenue** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Own and operate a restaurant and lounge**

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

President Name <b>Elizabeth Procaccianti</b> Street Address <b>1140 Reservoir Avenue</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	Vice President Name <b>Robert G. Andrew</b> Street Address <b>1140 Reservoir Avenue</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>
Secretary Name <b>Elizabeth Procaccianti</b> Street Address <b>1140 Reservoir Avenue</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	Treasurer Name <b>Elizabeth Procaccianti</b> Street Address <b>1140 Reservoir Avenue</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>

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

Director Name <b>Robert G. Andrew</b> Street Address <b>1140 Reservoir Avenue</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	Director Name <b>Elizabeth Procaccianti</b> Street Address <b>1140 Reservoir Avenue</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

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

**AUTHORIZED SHARES**

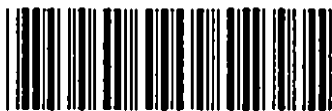
Number of Shares	Class/Series	Par Value
<b>8,000 COMM</b>	<b>\$1.00</b>	<b>PAR VALUE</b>

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

**ISSUED SHARES**

Number of Shares	Class/Series	Par Value
<b>200.00</b>	<b>Common Stock</b>	<b>\$1.00</b>

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



\* 1 0 4 9 4 8 \*

File Date: **5-1-01**

Check No.: **10973**

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 of Officer

Date

Print or Type Name of Officer

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. 104948 2. Name of Corporation **INP Beverage Services, Inc**  
3. Street Address Principal Business Office 1140 Reservoir Avenue City Cranston State RI Zip 02920  
4. Business Phone No. 5. State of Incorporation Rhode Island 6. SIC Code 3079  
7. Brief Description of the Character of Business Conducted in Rhode Island  
Own and operate a restaurant and lounge

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

President Name Procaccianti, Elizabeth Street Address 1140 Reservoir Avenue City Cranston State RI Zip 02920 Secretary Name Procaccianti, Elizabeth Street Address 1140 Reservoir Avenue City Cranston State RI Zip 02920	Vice President Name Andrew, Robert G. Street Address 1140 Reservoir Avenue City Cranston State RI Zip 02920 Treasurer Name Procaccianti, Elizabeth Street Address 1140 Reservoir Avenue City Cranston State RI Zip 02920
--	---

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

Director Name Andrew, Robert G. Street Address 1140 Reservoir Avenue City Cranston State RI Zip 02920 Director Name  Street Address  City Cranston State RI Zip 02920	Director Name Procaccianti, Elizabeth Street Address 1140 Reservoir Avenue City Cranston State RI Zip 02920 Director Name  Street Address  City Cranston State RI Zip 02920
--	--

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000.00	Common Stock	\$1.00

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
200.00	Common Stock	\$1.00

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

File Date: 10-20-00

Check No.: 10841

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.

Signature of Officer \_\_\_\_\_ Title \_\_\_\_\_

Print or Type Name of Officer \_\_\_\_\_

Title of Officer \_\_\_\_\_