

Check No.

FOR SECRETARY OF

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, Rt 02903-1335 401.222.3040

Date

Form 630 12/01

Elizabeth Procaccianti

Print or Type Name of Officer

President

Title of Officer

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 Filing Fee: \$50.00

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FORM MUST BE TYPED	IN BLACK)					
. Corporate ID No.	2. Name of Corp.					
104948		ge Services, Inc.				
Street Address Principal			City	State	Zip	
1140 RESERVOIR	AVENUE	······································	CRANSTON	RI	02920	
f. Business Phone No.		5. State of Incorporati			6. SIC Code	
401-946-4600		RHODE ISLAN	D		3079	
. Brief Description of the TO ENGAGE IN THE			A RESTAURANT AND LO	UNGE.		
8. NAMES AND ADD	RESSES OF THE OF	FICERS ("X" BOX FOR A	TTACHMENT)   FILL IN SE	PACES BEFORE USING ATTAC	HMENTS	
Elizabeth Proca	accianti		Robert G. Andre	ew		
Sircei Address			Street Address			
1140 Reservoir	Avenue		1140 Reservoir	Avenue		
Sity	State	Zip	City	State	Zip	
Cranston	RI	02920	Cranston	RI	02920	
ecretary Name			Treasurer Name			
Elizabeth Proca	accianti		Elizabeth Proce	accianti	<del></del>	
Sireei Address			Sircet Address			
1140 Reservoir	Avenue		.1140 Reservoir	Avenue		
City	State	Zip	City	State	Zip	
Cranston	RI	02920	Cranston	RI	02920	
9. NAMES AND ADD Director Name	RESSES OF THE DI	RECTORS ("X" BOX FOR	ATTACHMENT)   FILL IN Director Name	SPACES BEFORE USING ATTA	ACHMENTS	
Elizabeth Proca	accianti		'Robert G. Andrew			
irees Address			Street Address	Street Address		
1140 Reservoir	Avenue		1140 Reservoir	Avenue		
Ciry	State	Zip	City	State	Zip	
Cranston	RI	02920	Cranston	RI	02920	
Director Name			Director Name			
··-			•			
Street Address		<del></del>	·Sireet Address			
City	State	Zip	City	State	Zip	
			•		1	
10. SHARES AUTHO AUTHORIZED SHARES		RATTACHMENT)	II. SHARES ISSUED (".	X" BOX FOR ATTACHMENT)	]	
Yumber of Shares	Class/Series_	Par Value	Number of Shares	Class/Series	Par Value	
3,000 COMM \$1.00	PAR VALUE		200	Common Stock	\$1.00	
his report must be s	signed in ink by citt	er the President, Vice	President, Secretary, Assi	istant Secretary, Treasurer,	Receiver or Tri	
•	-					
11 11811 48	IN PIGIS (BILL GIBBLES)					
	III BIEIB JEIN EIGEI İGI					
1 0	4 9 4 8			erjury, I declare and affirm that		
				g any accompanying schedules		
*104948 DBC 08/2	22/05 03:02:41 PM	,	and that all state to	pts pantainus peroin are true an	а сопест.	
				/ <i> }     </i>  /		



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 BL						
1. Corporate ID No.	2. Name of Corporation					
104948	INP Beverage S	ervices, Inc.				
3. Street Address Principal Busine	ss Office		City	State	Zip	
1140 RESERVOIR AVE	NUE		CRANSTON	RI	02920-	
4. Business Phone No.		5. State of Incorporation	<u></u>	····	6. SIC Code	
401-946-4600		RHODE ISLAND			3079	
7. Brief Description of the Charac TO ENGAGE IN THE BUS			RESTAURANT AND LOU	NGE.	<u> </u>	
8. NAMES AND ADDRESSI	ES OF THE OFFICE	RS ("X" BOX FOR ATTA	CHMENT) ☐ FILL IN SPA	CES BEFORE USING ATTAC	HMENTS	
President Name			Vice President Name		· · · · <del></del> · ·	
Elizabeth Procaccianti			<ul> <li>Robert G. Andrev</li> </ul>	<b>4</b>		
Street Address			Street Address			
1140 Reservoir Aver	nue		· 1140 Reservoir A	Avenue		
City	State	Zip	City	State	Zip	
Cranston	j R I	02920	- Cranston	RI	02920	
Secretary Name			Treasurer Name	· · · · · · · · · · · · · · · · · · ·		
Elizabeth Procaccia	anti		Elizabeth Procac	cianti		
Street Address			* Street Address		•	
1140 Reservoir Aver	nue		.1140 Reservoir A	venue		
City	State	Zip	City	State	Zip	
Cranston	RI	02920	.Cranston	RI	02920	
9. NAMES AND ADDRESSI	ES OF THE DIRECT	ORS ("X" BOX FOR AT	TACHMENT) 🗌 FILL IN SI	PACES BEFORE USING ATTA	ACHMENTS	
Director Name			Director Name			
Robert G. Andrew			Elizabeth Procaccianti			
Street Address			. Sireet Address			
1140 Reservoir Aver	ıue		1140 Reservoir A	Avenue		
City	State	Zip	•City	State	Zip	
Cranston	RI	02920	Cranston	RI	02920	
Director Name	• • • • • • • • •		Director Name			
			•		ı	
Street Address			*Street Address			
			· •			
City	State	Zip	.Ciry	State	Zip	
	<u>_</u>	<u> </u>	<del></del>			
10. SHARES AUTHORIZEI	D ("X" BOX FOR ATTA	(CHMENT)	. <b>.</b>	BOX FOR ATTACHMENT)	]	
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	
·					******	
•						
f		<u> </u>	<u> </u>		<u> </u>	
This report must be signed	l <mark>in ink</mark> by either th	e President, Vice Pre	sident, Secretary, Assist	ant Secretary, Treasurer,	Receiver or Trustee	
At HAN HOUR HOUSE	18111 8:881 181					
			/ //	$\rightarrow$		
ar İranı Örəni örəyə		,	////			
1 U 4 3	/ 4 0	1	Under penalty of perjudice	ury, I declare and affirm that I	Have examined	
		1 /	and that all states only	gry accompanying schedules	and statements,	
*104948 DBC 02/26/04	12;55:08 PM*	l	<i>גווואווווווווווווווווווווווווווווווווו</i>		a contect.	
File Date 5.3 .0	)4	/	-  /V	// \ _\/	\	
Signdium of Officer Date						
Check No. 10074	· · · · · · · · · · · · · · · · · · ·				.· <b>.</b>	
i i i		•	Print or Type Name of C	Officer	<del></del>	
By:		_	<b>=</b>			
FOR SECRETARY OF STATE U	JSE ONLY					
l	I	Title of Officer		Form 630 12/01		

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

Zip 02920

6. SIC Code

Form 630 12/02

FILL IN SPACES BEFORE USING ATTACHMENTS

3079

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

5. State of incorporation

**RHODE ISLAND** 

City Cranston

Vice President Name Robert G. Andrew

Print or Type Name of Officer

Title of Officer

5 5

GODAL MILET R	ETYPED OR PRII	NTED IN BLACKS	

7. Brief Description of the Character of Business Conducted in Rhode Island Own and operate a restaurant and lounge

2. Name of Corporation

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

INP Beverage Services, Inc.

1. Corporate ID No.

104948

4. Business Phone No.

File Date: .

Check No .:

FOR SECRETARY OF STATE USE ONLY

President Name Elizabeth Procaccianti

3. Street Address Principal Business Office 1140 Reservoir Avenue

Street Address 1140 Reservoir	Avenue		Street Address 1140 Reservoit Ave	nue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	02920	
Secretary Name Elizabeth Proca	ccianti		Treasurer Name Elizabeth Procaccia	nti		
Street Address 1140 Reservoir	Avenue		Street Address 1140 Reservoir Ave	пие		
City Cranston	si <mark>k</mark> i	შ2920	C.Cranston	State R1	02920	
9. NAMES AND A	DDRESSES OF THE DI	RECTORS (*x* box foi	R ATTACHMENT) FILL IN SP	ACES BEFORE USING ATT	ACHMENTS	
Director Name Robert G. Andr	cw		Director Name Elizabeth Procaccian	ti		
Street Address 1140 Reservoir	Avenue		Street Address 1140 Reservoir Ave	nue		
City Cranston	State , RI	ZIP 1 02920	City Cranston	State RI	02920	
Director Name			Director Name	•	• • • • • • • • •	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTH AUTHORIZED SHARES	IORIZED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUE	D (*X* BOX FOR ATTACHMEN	T)	
Number of Shares	Class/Series	Par Value	Number of Shares 200.00	Class/Series Common Stock	Par Value \$1.00	
8,000 COMM \$1.0	00 PAR VALUE		200.00	Constitution Cities	•••••	
			• •		<u> </u>	,
This report must	be <b>signed in ink</b> by ei	ther the President, V	ice President, Secretary, i	Assistant Secretary, Treas	turer, Receiver or Trus	itec
					_	
			Under peralty o	f perjury) I declare and affir		
	* 1 0 4 9 4	4 8 *	this report, inch	uding apy accompanying se	nedules and statements,	Ind
	00		that all statemen	res controla en relein are reu	e and correct.	

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

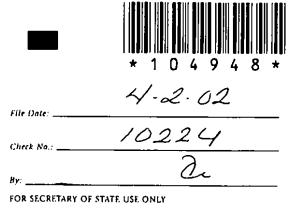
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

STOP PLEASE READ

Filing	Period: January .	l-March 1 • Fi	ling Fec: \$50.00			PLE INST
(FORM M	UST BE TYPED IN BLAC	K)				
1. Corpora	te ID No.	2. Name of Corporation				_
10-	4948	INP Beverage Se	ervices, Inc.			
3. Street A	ddress Principal Business O		·	City	State	Zip
114	10 Reservoir Avenue			Cranston	RI	02920
4. Business	s Phone No.		5. State of Incorporation			6. SIC Gode
			RHODE ISLAND			3079
	· ·	f Business Conducted in Rho	de Island			
	m and operate a restau	•				
8. NAM President N		ES OF THE OFFICE	RS (*X* BOX FOR ATTACHE	MENT) FILL IN SPACES BEF Vice President Name	ORE USING ATTACHM	ENTS
Eliz Street Addr	zabeth Procaccianti			Robert G. Andrew Street Address		
114 City	10 Reservoir Avenue	State	Zip	1140 Reservoir Avenue	State	ZIp
Cra Secretary N	inston lame	RI .	. 02920	Cranston Treasurer Name	RI	02920
Eliz Street Addr	zabeth Procaccianti		·	Elizabeth Procaccianti Street Address		
	10 Reservoir Avenue			1140 Reservoir Avenue		
City Cra	nston	State RI	21p 02920	City Cranston	State RI	21p 02920
9. NAM Director No		ES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES B	EFORE USING ATTACH	MENTS
Rol Street Addr	bert G. Andrew			Elizabeth Procaccianti Street Address		
114 Cuy	10 Reservoir Avenue	State	Zip	1140 Reservoir Avenue	State	7.lp
Cra Director Na	anston ame	, RI	02920	Cranston .  Director Name	RI .	02920
itreet Addr	ess			Street Address		
City		State	Zip	City	State	Zip
IO. SHA		("X" BOX FOR ATTACHM	IENT)	11. SHARES ISSUED (*X* B	OX FOR ATTACHMENT)	`
Number of	Shares	Class/Series	Par Value	Number of Chares	Class Ifailes	Oan Matur

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

200.00



8,000 COMM \$1.00 PAR VALUE

	Under penalty of perjure and affirm that I have examined
/	this epoce, including any accompanying schedules and statements, and
	that all state ploys frontained herein are true and correct.
	1/1/1/1/02
	Silver Chicer Visite
	Solizabald Danniali
	CHEADERN TIUCICION
	Print of type Name of Officer
	Inchert
	Title of Officer

Common Stock

\$1.00

Form 630 12/01

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

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP PLEASE READ INSTRUCTIONS

Filling Period: Januar	y I-march 1 • FII	ing ree: \$50.00			U U
(FORM MUST BE TYPED IN BL	ACK)				\
1. Corporate ID No.	2. Name of Corporation			•	
104948	·	Services, In	c.		
3. Street Address Principal Busines 1140 Reservoir Avenue	s Office C		City Cranston	State RI	02920
4. Business Phone No.		S. State of Incorporation RHODE ISLAND	•		6. SIC Code 3079
7. Brief Description of the Characte Own and operate a rest	er of Business Conducted in Rho aurant and lounge	te Island			
8. NAMES AND ADDRES	SSES OF THE OFFICER	S ("X" BOX FOR ATTACE	MENT) FILL IN SPACES Vice President Name	S BEFORE USING ATTA	CHMENTS
Elizabeth Procaccianti			Robert G. Andrew		
Street Address			Street Address		
1140 Reservoir Avenue	<b>:</b>		1140 Reservoir Avenu	c	
City	State	Zip	City	Stale	Zip
Cranston	RI	02920	Cranston	RI	02920
Secretary Name	••		Treasurer Name	•	• • • • • • • •
Elizabeth Procaccianti			Elizabeth Procaccianti		
treet Address			Street Address		
1140 Reservoir Avenue	:		1140 Reservoir Avenu	c	
Cranston Cranston	State R1	<sup>z</sup> le 029 <b>2</b> 0	Cranston	· Ki <sup>re</sup>	02520
9. NAMES AND ADDRES	SSES OF THE DIRECTO	ORS ("X" BOX FOR ATTA		ES BEFORE USING ATT	ACHMENTS
Director Name			Director Name		
Robert G. Andrew			Elizabeth Procaccianti		
itreet Address			Street Address	•	
1140 Reservoir Avenue		21.	1140 Reservoir Avenu		•
Cranston	State RI	21p 02920	City	State	Zip
Cransion Director Name		02920	Cranston	RI	02920
MIECTOR Hame			Director Name		
Street Address			Street Address		
City	State	Zip	City	State -	Zip
10. SHARES AUTHORIZE	ED (*x* box for attachm	ENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	<i>T</i> ) .
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Sertes	Par Value
	O 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 *
: : :Ile Date:	5-1-01
heck No.: _	10973
ly:	2.
OR SECRET	TARY OF STATE USE ONLY

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,	this report that all si	naity of pr	re a <del>nn a sea</del> t	are and affirm Hanying sched Help are true a	dules and s	taternerits, and
	'''' '''	VIII	/W/////	neur are true a		1
`	Signature of	·Olncer	may 1/		Date	/

Print or Type Name of Officer	

Title of Officer

C.\_. (10 )100

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

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

V01-171-50-00

Filing Period:	January 1-Marc	h 1 •	Filing Fee: \$5	0.00	ne leak	PI EASE INSTRUC
(FORM MUST BE TYI						
1. Corporate ID No. 104948	2. Name	of Corpora	P Beverage	Services, Inc		
3. Street Address Princip 1140 Reser	pal Business Office Voir Avenue			Cranston	State RI	<sup>Zip</sup> 02920
4. Business Phone No.			5. State of Inco Rhi	•		6. SIC Code 2579
	he Character of Business ate a restaurant and l		Rhode Island			55 1 7
8. NAMES AND	ADDRESSES OF T	HE OFFI	CERS ("x" BOX FO	OR ATTACHMENT) FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
Procaccianti	, Elizabeth			Vice President Name Andrew, Robert	G.	
Street Address 1140 Reserv	voir Avenue			Street Address 1140 Reservoir	Avenue	·
Cranston	State	RI	<sup>21p</sup> 02920	Cranston	State	<sup>zip</sup> 02920
Secretary Name Procaccianti	, Elizabeth			Treasurer Name Procaccianti, Eli	izabeth	•
Sireer Address 1140 Reserv	voir Avenue			Street Address 1140 Reservoir	Avenue	
Cranston '	State	RI	<sup>Zip</sup> 02920	Cranston	State RI	<sup>zip</sup> 02920
9. NAMES AND Director Name Andrew, Rob	ADDRESSES OF T	HE DIRE	CTORS (*x* BOX	FOR ATTACHMENT) FILL IN SPA	ACES BEFORE USING AT	TACHMENTS
Street Address 1140 Reserv	oir Avenue			Street Address 1140 Reservoir	Avenue	
Cranston	State	RI	Zip 02920	Cranston	State RI	<sup>Zip</sup> 02920
Director Name	•		•	Director Name		•••
Street Address				Street Address		
City	State		Z(p	City	State	Zip
10. SHARES AUT AUTHORIZZZO SHARES	HORIZED (*x* box	K FOR ATTA	CHMENT)	11. SHARES ISSUEI	D (*X* BOX FOR ATTACHME	NT)
Number of Shares	Class/Se Common	eries	Par Value	Number of Shares	Class/Series Common	Par Value
8,000.00	Stock		\$1.00	200.00	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 - 80 - 00	Under expectly of perjury, I declare and affirm that I have examined this respect, including any accompanying schedules and statements, and that all statements opposited herein are true and correct
Check No.: 10891	Transing Oscillica . 1Ais
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer