

FOR SECRETARY OF STATE USE ONLY

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 3140

Matthew A.	Brown, Secretary o	f State			401.222.304
PROFIT CORPO! Filling Period: January 1 - M (FORM MUST BE TYPED OR PRE	farch 1 • File	NUAL REPORT	FOR THE YEA	R2005	
1. Corporate ID No	2. Name of Corporati	'on			
89153	ATLANTIC GR	RILLE, INC.			
3. Street Address Principal Business		. V=	MODER	State D I	21p
4. Business Phone No.		5. State of Incorporation			6. SIC Code
4018494		RHODE ISLAND	<u> </u>		3079
7. Bnef Description of the Character A RESTAURANT AND T	of Business Conducted (HE SALE OF FOOD	n Rhode Island AND BEVERAGES.			
8. NAMES AND ADDRESSES	S OF THE OFFICER	S: ("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USING A	ATTACHMENTS
President Name			Vice President Name	_ ^ _	
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Siren Address 1365ENSC	ine Di	, =	Since Address + Winter	TERRALE	v
City Diesour	State	⁷⁴⁹ C2842	City MIDDLETON	State 12-T	21p
Secretary Name Williams	I. Dams	~~~	Treasurer Name	D Grant	7.~~
Street Address		· more	Street Address	<u> </u>	-0-0
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES	CETHE DIRECT	DE. CENTRON FOR ATT	: 	N edacre burgor Heine	· ·
Director Name		JRS: (A BUA FOR ATT	* Director Name	N SPACES BEFORE USING	ATTACHMENTS
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Director Name	.		Director Name		
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10. SHARES AUTHORIZED	("X" BOX FOR AT			 ("X" BOX FOR ATTACHM	1
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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be	signed in ink by ei	ther the President Vice P	resident Secretary Assists	ont Secretary, Treasurer. Re	
			Under penalty of pe	rjury. I declare and affirm that	1 have examined this repor
11,21	2 -		contained herein are		i ı
File Date	<u>U</u>	-			10/07
Check No	65		Signature of Officer		Date
Rv: DA	- · · · · · · · · · · · · · · · · · · ·	-	Print or Type Name of	20 K. Mizma	2500



Office of the Secretary of State

Matthew A. Brown, Secretary of State

100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _______ 2004

Filing Period: January 1 - M (FORM MUST BE TYPED OR PRIN		g Fce: \$50.00			····
1. Corporate II) No.	2. Name of Corporation			<u> </u>	
89153	ATLANTIC GRI	LLE, INC.			
3. Street Address Principal Business (~		City	State	Zip
4. Business Phone No.	Ave	5. State of Incorporation	MIDDLETONN	ZI_	02842
4018494440					6 SIC Gode
7 Brief Description of the Character A RESTAURANT AND 1	of Business Conducted in I	RHODE ISLAND. Rhode Island AND BEVERAGES.			3079
8. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATTA	CHMENT) 📋 FILL IN SPA	CES BEFORE USING A	TTACHMENTS
President Name WILLIAM F. AIZMSTRONIA			Vice President Name	P Bameron	* \(\c)
Sirect Address 136 SEASCA	- Av=		Street Address		
City	State	Zip	: Y VYHITE E	State	7/5
MIOPLETOWN Secretary Name	RI	02842	MIDDLETON	13 12 I	^{Zip} 02842
. 1	ARMSTRON	<i>,</i> (~	Treaturer Name	P. M.ZMSTRO	
Street Address		<u> </u>	Street Address		<u> </u>
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City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	S: ("X" BOX FOR ATI	FACHMENT) FILL IN SI	PACES BEFORE USING	ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	.L	.J	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	 ("X" BOX FOR ATT.	I ACHMENT) ::	11. SHARES ISSUED (*X*	 BOX FOR ATTACHMI	 ENT) <u> </u>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Sortes	Par Value
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This report must be	signed in ink by cith	er the President, Vice P	resident, Secretary, Assistant S	ecretary, Treasurer, Re-	ceiver or Trustee
			including any accompan-	ying schedules and statem	I have examined this report ents, and that all statements
File Date 1-5-0	4		contained horein are true	and compet.	1104
Check No. 6204			Signature of Officer	P. Dizmetizou	Date
By:FOR SECRETARY OF ST	ATE USE ONLY		Print or Type Name of Off		
		_	Title of Officer		-

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

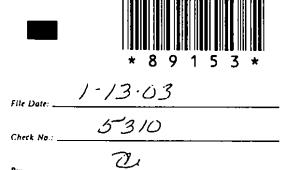
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR __ 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PIEASE READ INSTRUCTIONS

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ORM MUST BE TYPED OR PRI					
. Corporate ID No.	2. Name of Corpo				
89153 Street Address Principal Busin		GRILLE, INC.	<i>C</i> '2-	e	
CI N			City	State	Zip A D
Business Phone No.	HECIL A	シェルリモ 5. State of Incorporation	MIDDLETO	nn RI	6. SIC Code
401 849 4 Brief Description of the Charac	ter of Business Conducted	RHODE ISLAI I in Rhode Island	ND		3079
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1365eas	CAPEA	/ 5	4 WHITE	TERRALE	
		Zip	City	State	Zip
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ecretary Name	T 100	MSTROWN	Trensurer Name	D Dom	STRUNG
freet Address	. V. 1 - 12	MSTROWN	Street Address) 1. F-0/1	31120104
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lity	State	21p	City	State	Zip
D. NAMES AND ADDR	ESSES OF THE DI	RECTORS (*x* BOX FOR A	ATTACHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATTAC	HMENTS
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irector Name	•	•	Director Name	,	
treet Address			Street Address		
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O. SHARES AUTHORIZ	ZED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*	'X" BOX FOR ATTACHMENT)	
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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FOR SECRETARY OF STATE USE ONLY

Form 630 12/02

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

2002



PROFIT CORP Filing Period: Januar			ORT FOR THE	YEAR	PLEASE RE INSTRUCTI
(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No.	2. Name of Corpora	tion	•	•	
89153		GRILLE, INC.			
3. Street Address Principal Busines	_	-	City	State	Zip
4. Business Phone No.) HECK !	S. State of Incorporation	MIDDLETOWN	RI	6. SIC CODE
401 849 *	• • • •	RHODE ISLAND			3079
B. NAMES AND ADDRES	SSES OF THE OFF	ICERS ("X" BOX FOR ATTACK	•	FORE USING ATTACHN	MENTS
President Name			Vice President Name	_	
Street Address	F. Dom	STRONG	Street Address	Jane 150	26
136 Seas	State	Due 21p	+ White T	State	Zip
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VJ am	F. Dozna	STRATE	Street Address	? Dremistre	Stra
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FOR ATTA	ACHMENT) FILL IN SPACES I Director Name	BEFORE USING ATTAC	HMENTS
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 AUTHORIZI	ED (*x* box for att	ACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT)	
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

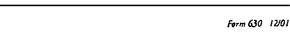
Title of Officer

€735 5

	* 8 9 1 5 3 *
ile Date:	1-3-02-
Sheck No.:	4338

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



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

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

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 153 2. Name of Corporation
ATLANTIC GRILLE, INC. 3. Street Address Principal Business Office 1. Business Phone No. 401 7. Brief Description of the Character of Business Conducted in Rhode Island BREAKFAST - WOCH RESTORANT / 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) YEVE OUT FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name `Zip City State Zip City State 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 Director Name Director Name Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Number of Shares 200 SHS NO PAR This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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

Title of Officer

Farm K10



FOR SECRETARY OF STATE USE ONLY

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

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(FORM MUST BE TYPED IN BLACE 1. Corporate ID No.	Z. Name of Corporati				
89153	ATLANTIC G				
3. Street Address Principal Business O			City	State	Zip
91 AQUIDNELL	AVE		M.DOLE TO	ON RI	02842
4. Business Phone No.	. • == ==	5. State of Incorporation			6. SIC Code
(401)_849-4440	· 	RHODE ISLAN	D		3079
7. Brief Description of the Character of	f Business Conducted in		•		
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8. NAMES AND ADDRESS	ES_OF_THE_OFFIC	CERS ("X" BOX FOR ATTA		S BEFORE USING ATTA	CHMENTS
President Name		•	: Vice President Name	ο Λ	
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136 SERGERPE City MIDDLETOIN	T State	Zio		\@ \& \&\p\C\& State	Zip
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Secretary Name	1		Treasurer Name		
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Street Address	.,,,		Street Address		
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9. NAMES AND ADDRESS	ES OF THE DIRE	CTORS ("X" BOX FOR AT	• · · · · · · · · · · · · · · · · · ·	CES BEFORE USING ATT	ACHMENTS
Director Name			Director Name		
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Director Name	. • • • • • • • • • • • • • • • • • • •	***************************************	Director Name		
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10. SHARES AUTHORIZED AUTHORIZED SHARES	O ("X" BOX FOR ATT)	ICHMENT) L	ISSUED SHARES ISSUED	("X" BOX FOR ATTACHMEN	(I) <u>O</u>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be signe	u in ink by eitr	ier me rresident, vico	e riesident, secretary, A	Salatant Secretary, frea	auter, received of itusti
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			enternar sa successiva	market a second second second second	and the three sections
* 8	9 1 5 3 4	t	Under penalty of	perjury, I declare and affi	rm that I have examined

signature of Officer

Print or Type Name of Officer

Title of Officer



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

4000

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP
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INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK	9				
89153	2. Name of Corporation ATLANTIC GRI	LLE, INC.			
3. Street Address Principal Business Of	ice Ave	- Control of Incompanies	M.DDLETOW	State N RI	21p 02-842 6. SIC Code
401849 444 2. Brief Description of the Character of		S. State of Incorporation RHODE ISLAND de Island			3079
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	AZZA	∕ €	4 WHITE	TERRALE	
City	State	Zip	City	State	Zip
Secretary Name	!'' '''ブ ' '''' ''	02842	MIDDLETOWN Treasurer Name		02842
Jahren _	F. Bor	257720	PIKMARD [P. Dams	720,0KT
Street Address			Street Address		
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9. NAMES AND ADDRESSE	S OF THE DIRECT	ORS ("X" BOX FOR ATTAC	HMENT) (: FILL IN SPACES BE	FORE USING ATTACH	MENTS
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* 8 9 1 5 3 *	Under penalty of perjury, I declare and affirm that I have examined
Check No.: 1010 By:	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



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

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

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation ATLANTIC GRILLE, INC. 89153 3. Street Address Principal Business Office City 5. State of incorporation 6. SIC Code RHODE ISLAND 3079 (401) 849-4440 7. Brie Description of the Character of Business Conducted in Rhode Island Breakfass + L 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Street Address Street Address City City Street Address Street Address City State Zip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Street Address . Street Address City Zip Zip Director Name Director Name Street Address Street Address City State ZIP City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

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

ISSUED SHARES

Number of Shares

	* 8 9 1 5 3 *
File Date:	2.9.98
Check No.: _	5871
Ву:	16P \ \
FOR SECRETA	ARY OF STATE USE ONLY

Class/Series

Par Value

NOTEZ

AUTHORIZED SHARES

200 SHS NO PAR

Number of Shares

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 becein are rue and correct. Signature of Officer

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

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 89153 ATLANTIC GRILLE, INC. 3. Street Address Principal Business Office State City 02847 Middletown 6. SIC Code S. State of Incorporation **RHODE ISLAND** 307 401) lunch Restaurant 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Street Address City City State MIDD NEW Treasurer Name Secretary Name Street Address City City State Zip State ZIp 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address Director Nan Director Name Street Address Street Address City Zip State 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUFED SHARES Number of Shares Number of Shares Class/Series Par Value No Por 200 SHS NO PAR (common No **20**0 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 8 9 1 5 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 percentage are give and correct.
le Date:	7/24/97 :	that all statements contained never are true and correct.
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heck No.:	<u> 15301</u>	
	CBB	Print or Type Name of Officer
OR SECRETA	RY OF STATE USE ONLY	// VICE PRESIDENT
- · - · · · · · · ·		Title of Officer