



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)

Form with sections: 1. Corporate ID No. (119055), 2. Name of Corporation (PJ'S DINER, INC), 3. Street Address (89 Colvintown Rd, Coventry, RI, 02816), 4. Business Phone No (401-823-7850), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (3079), 7. Brief Description of the Character of Business (FOOD ESTABLISHMENT), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: Mary A. Day, Vice President: Pamela D. Miccio), 9. NAMES AND ADDRESSES OF THE DIRECTORS, 10. SHARES AUTHORIZED (1,000 NO PAR VALUE), 11. SHARES ISSUED (NONE).

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: Mary A. Day, Date: 2-11-05, Title of Officer: President

File Date: 2-14-05, Check No.: 845, By: [Signature]

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>119055</b>		2. Name of Corporation <b>PJ'S DINER, INC</b>			
3. Street Address Principal Business Office <b>608 Tiogue Ave</b>		City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	
4. Business Phone No. <b>401-823-7850</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>3079</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>FOOD ESTABLISHMENT</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>MARY DAY</b>			Vice President Name <b>Pamela DiMicco</b>		
Street Address <b>89 Colvintown Rd</b>			Street Address <b>89 Colvintown Rd</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Co.</b>	State <b>RI</b>	Zip <b>02816</b>
Secretary Name <b>Pamela DiMicco</b>			Treasurer Name <b>MARY DAY</b>		
Street Address <b>89 Colvintown Rd</b>			Street Address <b>89 Colvintown Rd</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
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
<b>1,000 NO PAR VALUE</b>			<b>1000</b>		<b>NONE</b>

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



\* 1 1 9 0 5 5 \*

File Date 3/5/04

Check No. 713

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.

Mary A. Day 01/26/04  
Signature of Officer / Date

**MARY A. DAY**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer



**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. 119055 2. Name of Corporation PJ'S DINER, INC  
3. Street Address Principal Business Office 608 Tiogue Ave City Coventry State R.I. Zip 02816  
4. Business Phone No. 401-823-7850 5. State of Incorporation RHODE ISLAND 6. SIC Code 3079  
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>MARY DAY</u> Street Address <u>89 COLVINTOWN RD</u> City <u>COVENTRY</u> State <u>RI</u> Zip <u>02816</u>	Vice President Name <u>PAMELA D. MICCO</u> Street Address <u>89 Colvintown Rd</u> City <u>COVENTRY</u> State <u>RI</u> Zip <u>02816</u>
Secretary Name <u>PAMELA D. MICCO</u> Street Address <u>89 Colvintown Rd</u> City <u>COVENTRY</u> State <u>RI</u> Zip <u>02816</u>	Treasurer Name <u>MARY DAY</u> Street Address <u>89 Colvintown Rd</u> City <u>COVENTRY</u> State <u>RI</u> Zip <u>02816</u>

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

Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip
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  
1,000 NO PAR VALUE

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
NONE

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



\* 1 1 9 0 5 5 \*

File Date: 2/24/03  
Check No.: 527  
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 of Officer Mary A. Day Date 1/31  
Print or Type Name of Officer MARY A. DAY  
Title of Officer President



**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. **119055**  
2. Name of Corporation **PJ'S DINER, INC**  
3. Street Address Principal Business Office  
**608 TIOQUE AVE**  
4. Business Phone No. **401-823-7850**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**RESTAURANT-DINER**

City **COVENTRY** State **RI** Zip **02816**  
6. SIC Code **3079**

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

President Name **MARY A. DAY**  
Street Address **89 COLVINTOWN RD**  
City **COVENTRY** State **RI** Zip **02816**

Vice President Name **Pamela Di Micco**  
Street Address **89 Colvintown Rd**  
City **COVENTRY** State **RI** Zip **02816**

Secretary Name **Pamela Di Micco**  
Street Address **89 Colvintown Rd**  
City **COVENTRY** State **RI** Zip **02816**

Treasurer Name **MARY A. DAY**  
Street Address **89 Colvintown Rd**  
City **COVENTRY** State **R.I.** Zip **02816**

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

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  
**1,000 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**MARY DAY 550**  
**Pamela Di Micco 450**

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



File Date: **2-11-02**  
Check No.: **343**  
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 of Officer **Mary A. Day** Date **1/9/02**  
Print or Type Name of Officer **MARY A. DAY**  
Title of Officer **President**