STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
*Office of the Secretary of State*
*Matthew A. Brown, Secretary of State*

*Corporations Divisi*
*100 North Main Stre*
*Providence, RI 02903-13*
*401.222.30*

# 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)***

| 1. Corporate ID No | 2. Name of Corporation | | | |
|---|---|---|---|---|
| 59055 | David Barnes Development, Inc. | | | |
| 3. Street Address Principal Business Office | | City | State | Zip |
| 456 MAIN ST | | OAKFIELD | RI | 02879 |
| 4. Business Phone No. | 5. State of Incorporation | | | 6. SIC Code |
| 401.783.9370 | RHODE ISLAND | | | 3095 |

7. Brief Description of the Character of Business Conducted in Rhode Island
OPERATE A TAVERN AND RESTAURANT

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

| President Name | | | Vice President Name | | |
|---|---|---|---|---|---|
| DAVID E. BARNES | | | DANIEL RUBINO | | |
| Street Address | | | Street Address | | |
| 456 MAIN ST | | | 456 MAIN ST | | |
| City | State | Zip | City | State | Zip |
| WAKEFIELD | RI | 02879 | WAKEFIELD | RI | 02879 |
| Secretary Name | | | Treasurer Name | | |
| | | | | | |
| Street Address | | | Street Address | | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| | | | | | |

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

| Director Name | | | Director Name | | |
|---|---|---|---|---|---|
| DAVID E. BARNES | | | DANIEL RUBINO | | |
| Street Address | | | Street Address | | |
| 456 MAIN ST | | | 456 MAIN ST | | |
| City | State | Zip | City | State | Zip |
| WAKEFIELD | RI | 02879 | WAKEFIELD | RI | 02879 |
| 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 |
|---|---|---|
| 6,000 NO PAR VALUE | | |
| | | |

**11. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 2000 | N/A | NO |
| | | |

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

[redacted] [redacted]

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

*Signature of Officer* — *Date* 1-15-05

DANIEL RUBINO
*Print or Type Name of Officer*

VICE PRESIDENT
*Title of Officer*

[redacted]

*File Date* 2/7/05
*Check No.* 2225
*By:* DA
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 Divis*
*100 North Main St*
*Providence, RI 02903-1;*
*401.222.3(*

# 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 | 2. Name of Corporation | | | |
|---|---|---|---|---|
| 59055 | David Barnes Development, Inc. | | | |
| 3. Street Address Principal Business Office | | City | State | Zip |
| 456 MAIN ST | | WAKEFIELD | RI | 02879 |
| 4. Business Phone No | 5. State of Incorporation | | | 6. SIC Code |
| 401-783-9370 x110 | RHODE ISLAND | | | 3095 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island | | | | |
| OPERATE A TAVERN AND RESTAURANT | | | | |

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

| President Name | Vice President Name |
|---|---|
| DAVID E. BARNES | DANIEL F. RUBINO |
| Street Address: PO Box 5179 | Street Address: PO Box 5179 |
| City: WAKEFIELD State: RI Zip: [illegible] | City: [illegible] State: [illegible] Zip: [illegible] |
| Secretary Name | Treasurer Name |
| | STEVEN GRANDOLFI |
| Street Address | Street Address: 21 BROAD ROCK RD |
| City / State / Zip | City: WAKEFIELD State: RI Zip: 02879 |

**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 / 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)*** ☐ **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* |
| 6,000 NO PAR VALUE | | N/A | 1000 | N/A | N/A |
| | | | | | |

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

[redacted]

* 5 9 0 5 5 *

*File Date* 2/24/04
*Check No.* 2377
*By:* [illegible]
FOR SECRETARY OF STATE USE ONLY

[redacted]

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

*Signature of Officer* — *Date* 2-20-0'

DANIEL F. RUBINO
*Print or Type Name of Officer*

VICE PRESIDENT
*Title of Officer*

[redacted]

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
*Office of the Secretary of State*

*Edward S. Inman, III, Secretary of Sta*
*Corporations Divisio*
*100 North Main Street, Providence, RI 02903-133*
*401-222-304*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

***Filing Period: January 1–March 1 • Filing Fee: $50.00***

STOP
PLEASE READ INSTRUCTIONS

*(FORM MUST BE TYPED OR PRINTED IN BLACK)*

1. Corporate ID No.: 59055
2. Name of Corporation: David Barnes Development, Inc.
3. Street Address Principal Business Office: 456 MAIN ST (PO Box 5179) — City: WAKEFIELD — State: RI — Zip: 02879
4. Business Phone No.: 401-783-9370
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 3095
7. Brief Description of the Character of Business Conducted in Rhode Island: RESTAURANT + TAVERN

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

| | |
|---|---|
| President Name: DAVID E. BARNES | Vice President Name: |
| Street Address: PO Box 5179 | Street Address: |
| City: WAKEFIELD State: RI Zip: 02830 | City: State: Zip: |
| Secretary Name: | Treasurer Name: |
| Street Address: | Street Address: |
| City: State: Zip: | City: State: Zip: |

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: 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)*

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 6,000 NO PAR VALUE | | |

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

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 3500 | N/A | N/A |

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

[redacted]

* 59055 *

File Date: 7-21-03

Check No.: 2135

By: JL

FOR SECRETARY OF STATE USE ONLY

[redacted]

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: 5/26/03

David E. Barnes
Print or Type Name of Officer

PRESIDENT

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*

STOP PLEASE READ INSTRUCTIONS

*(FORM MUST BE TYPED IN BLACK)*

1. Corporate ID No.: 59055
2. Name of Corporation: David Barnes Development, Inc.
3. Street Address Principal Business Office: 456 MAIN ST — City: WAKEFIELD — State: RI — Zip: 02879
4. Business Phone No.: 401 783-9370
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 3095
7. Brief Description of the Character of Business Conducted in Rhode Island: RESTAURANT + TAVERN

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

President Name: DAVID E. BARNES
Street Address: 456 MAIN ST
City: WAKEFIELD — State: RI — Zip: 02879

Vice President Name: DANIEL RUBINO
Street Address: 456 MAIN ST
City: WAKEFIELD — State: RI — Zip: 02879

Secretary Name: STEVEN GRANDOLFI
Street Address: 456 MAIN ST
City: WAKEFIELD — State: RI — Zip: 02879

Treasurer Name:
Street Address:
City — State — Zip

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

Director Name: DAVID E. BARNES
Street Address: AS ABOVE
City — State — Zip

Director Name: DANIEL RUBINO
Street Address: AS ABOVE
City — State — Zip

Director Name: STEVEN GRANDOLFI
Street Address: AS ABOVE
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 |
|---|---|---|
| 6,000 NO PAR VALUE | N/A | |

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

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 1000 | N/A | NO |

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

[redacted]

* 59055 *

[redacted]

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.

2-26-02
*Signature of Officer* — *Date*

DANIEL RUBINO
*Print or Type Name of Officer*

VICE PRESIDENT

File Date: 3-5-02

Check No.: 1478

By: 2

FOR SECRETARY OF STATE USE ONLY

[redacted]

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
*Office of the Secretary of State*

*Corporations Divisi*
*100 North Main Street, Providence, RI 02903-13.*
*401-222-30.*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

*Filing Period: January 1–March 1 • Filing Fee: $50.00*

STOP PLEASE READ INSTRUCTIONS

*(FORM MUST BE TYPED IN BLACK)*

1. Corporate ID No.: 59055
2. Name of Corporation: David Barnes Development, Inc.
3. Street Address Principal Business Office: 456 MAIN ST — City: WAKEFIELD — State: RI — Zip: 02879
4. Business Phone No.: 401-783-9370
5. State of Incorporation: RHODE ISLAND
6. 3095
7. Brief Description of the Character of Business Conducted in Rhode Island: MAVERN + RESTAURANT

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

President Name: DAVID BARNES
Street Address: 456 MAIN ST
City: WAKEFIELD State: RI Zip: 02879

Vice President Name: DANIEL RUBINO
Street Address: 456 MAIN ST
City: WAKEFIELD State: RI Zip: 02879

Secretary Name:
Street Address:
City: State: Zip:

Treasurer Name:
Street Address:
City: State: Zip:

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

Director Name: DAVID BARNES
Street Address: 456 MAIN ST
City: WAKEFIELD State: RI Zip: 02879

Director Name: DANIEL RUBINO
Street Address: 456 MAIN ST
City: WAKEFIELD State: RI Zip: 02879

Director Name: STEVEN GRANDOLFI
Street Address: 456 MAIN ST
City: WAKEFIELD State: RI Zip: 02879

Director Name:
Street Address:
City: State: Zip:

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

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 6,000 SHS | NO PAR VAL | |

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

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 2600 | N/A | N/A |

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

[redacted]  [redacted]

* 59055 *

File Date: 5-2-01

Check No.: 741

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] 3/28/01
*Signature of Officer* *Date*

DANIEL RUBINO
*Print or Type Name of Officer*

VICE PRESIDENT

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
*Office of the Secretary of State*

*James R. Langevin, Secretary of St.*
*Corporations Divis.*
*100 North Main Street, Providence, RI 02903-13*
*401-222-30*

# 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.: 59055
2. Name of Corporation: David Barnes Development, Inc.
3. Street Address Principal Business Office: 456 MAIN ST — City: WAKEFIELD — State: RI — Zip: 02879
4. Business Phone No.: 401- 783-9370
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 3095
7. Brief Description of the Character of Business Conducted in Rhode Island: RESTAURANT + TAVERN

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

President Name: DAVID BARNES
Street Address: 456 MAIN ST (PO BOX 5179)
City: WAKEFIELD — State: RI — Zip: 02880

Vice President Name: DANIEL RUBINO
Street Address: 456 MAIN ST
City: WAKEFIELD — State: RI — Zip: 02879

Secretary Name: STEPHEN GRANDOLFI
Street Address: 456 MAIN ST
City: WAKEFIELD — State: RI — Zip: 02879

Treasurer Name:
Street Address:
City: — State: — Zip:

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

Director Name: SAME AS ABOVE
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 |
|---|---|---|
| 6,000 SHS NO PAR VAL | N/A | |

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

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| ~~300~~ 1000 | N/A | N/A |

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

[redacted]

* 5 9 0 5 5 *

File Date: 3/10/00
Check No.: 599
By: DL

FOR SECRETARY OF STATE USE ONLY

[redacted]

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] 2-22-00
*Signature of Officer* *Date*

DANIEL RUBINO
*Print or Type Name of Officer*

VICE PRESIDENT

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
*Office of the Secretary of State*

*James R. Langevin, Secretary of Sta*
*Corporations Divisi*
*100 North Main Street, Providence, RI 02903-13*
*401-222-30*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

*Filing Period: January 1–March 1 • Filing Fee: $50.00*

STOP PLEASE READ INSTRUCTIONS

*(FORM MUST BE TYPED IN BLACK)*

1. Corporate ID No. 59055
2. Name of Corporation: David Barnes Development, Inc.
3. Street Address Principal Business Office: 456 MAIN ST. | City: WAKEFIELD | State: RI | Zip: 02879
4. Business Phone No.: 401 - 783-9370
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 3095
7. Brief Description of the Character of Business Conducted in Rhode Island: RESTAURENT/TAVERN

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

| | |
|---|---|
| President Name: DAVID E. BARNES | Vice President Name: |
| Street Address: PO BOX 5179 | Street Address: |
| City: WAKEFIELD State: RI Zip: 02880 | City: State: Zip: |
| Secretary Name: | Treasurer Name: |
| Street Address: | Street Address: |
| City: State: Zip: | City: State: Zip: |

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

| | |
|---|---|
| Director Name: DAVID E. BARNES | Director Name: |
| Street Address: PO BOX 5179 | Street Address: |
| City: WAKEFIELD State: RI Zip: 02880 | City: State: Zip: |
| 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 |
|---|---|---|
| 6,000 SHS NO PAR VAL | | NO |

11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*) ☐

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 | N/A | NO |

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

[redacted] * 5 9 0 5 5 * [redacted]

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: 2/22/99

Print or Type Name of Officer: DAVID E. BARNES

PRESIDENT

File Date: Feb 24, 99

Check No.: 10443

By: JD

FOR SECRETARY OF STATE USE ONLY

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
*Office of the Secretary of State*

*James R. Langevin, Secretary of Sta*
*Corporations Divisi*
*100 North Main Street, Providence, RI 02903-13*
*401-277-30*

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

*Filing Period: January 1–March 1 • Filing Fee: $50.00*

STOP PLEASE READ INSTRUCTIONS

*(FORM MUST BE TYPED IN BLACK)*

1. Corporate ID No.: 59055
2. Name of Corporation: David Barnes Development, Inc.
3. Street Address Principal Business Office: 456 MAIN STREET (MAILING PO BOX 5179) — City: SO KINGSTOWN — State: RI — Zip: 02879
4. Business Phone No.: 401-783-9370
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 3095
7. Brief Description of the Character of Business Conducted in Rhode Island: RESTAURANT + TAVERN

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

President Name: DAVID E. BARNES
Street Address: 456 MAIN ST
City: WAKEFIELD — State: RI — Zip: 02879

Vice President Name: NONE
Street Address:
City — State — Zip:

Secretary Name: NONE
Street Address:
City — State — Zip:

Treasurer Name: DAVID E. BARNES
Street Address: 456 MAIN ST
City: WAKEFIELD — State: RI — Zip: 02879

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

Director Name: DAVID E. BARNES
Street Address: 456 MAIN ST
City: WAKEFIELD — State: RI — Zip: 02879

Director Name: NONE
Street Address:
City — State — Zip:

Director Name: NONE
Street Address:
City — State — Zip:

Director Name: NONE
Street Address:
City — State — Zip:

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

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 6,000 SHS | NO | PAR VAL |

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

ISSUED SHARES

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 200 | N/A | N/A |

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

[redacted] * 5 9 0 5 5 *

File Date: 2.9.98
Check No.: 9752
By: IOP
FOR SECRETARY OF STATE USE ONLY

[redacted]

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: 1/26/98
Print or Type Name of Officer: David E Barnes
Title: President

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*
*401-277-3040*

# PROFIT CORPORATION ANNUAL REPORT 1997

*Filing Period: January 1–March 1 • Filing Fee: $50.00*

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

*(FORM MUST BE TYPED IN BLACK)*

1. *Corporate ID No.* 59055

2. *Name of Corporation* David Barnes Development, Inc.

3. *Street Address Principal Business Office* P. O. Box 5179 Wakefield, RI 02880
*City* *State* *Zip*

4. *Business Phone No.* 401-783-9370

5. *State of Incorporation* RHODE ISLAND

6. *SIC Code* 3095

7. *Brief Description of the Character of Business Conducted in Rhode Island*
REstaurant and Tavern

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

*President Name* David E. Barnes
*Street Address* 456 Main Street
*City* Wakefield, *State* RI *Zip* 02879

*Vice President Name*
*Street Address*
*City* *State* *Zip*

*Secretary Name*
*Street Address*
*City* *State* *Zip*

*Treasurer Name*
*Street Address*
*City* *State* *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)*

*Director Name* David E. Barnes
*Street Address* 456 Main Street
*City* Wakefield, RI *Zip* 02879

*Director Name*
*Street Address*
*City* *State* *Zip*

*Director Name*
*Street Address*
*City* *State* *Zip*

*Director Name*
*Street Address*
*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* |
| 6,000 SHS NO PAR VAL | | | 100 | N/A | N/A |

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

[redacted] *59055*

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* 1/7/97

*Print or Type Name of Officer* David E. Barnes

[redacted] President 1/7/97

*File Date:* 1/16/97
*Check No.* 8981
*By:* CC/WhC

FOR SECRETARY OF STATE USE ONLY

# PROFIT CORPORATON ANNUAL REPORT 1996

**Filing Period: January 1–March 1**
**Filing Fee: $50.00**

State of Rhode Island and Providence Plantation
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-30

**PLEASE TYPE OR PRINT IN BLACK INK.**

1. CORPORATE ID NO: 59055
2. NAME OF CORPORATION: David Barnes Development, Inc.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE: P. O. Box 5179 — CITY: Wakefield — STATE: RI — ZIP CODE: 02880
4. BUSINESS PHONE NO: 401-783-9370
5. STATE OF INCORPORATION: Rhode Island
6. SIC CODE: 3095
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: Restaurant and Tavern

## 8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: David E. Barnes
STREET ADDRESS: 456 Main Street
CITY: Wakefield, STATE: RI ZIP CODE: 02879

VICE PRESIDENT NAME:
STREET ADDRESS:
CITY: STATE: ZIP CODE:

SECRETARY NAME: Same
STREET ADDRESS:
CITY: STATE: ZIP CODE:

TREASURER NAME:
STREET ADDRESS:
CITY: STATE: ZIP CODE:

## 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME: David E. Barnes
STREET ADDRESS: 456 Main Street
CITY: Wakefield, STATE: RI ZIP CODE: 02879

DIRECTOR NAME:
STREET ADDRESS:
CITY: STATE: ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY: STATE: ZIP CODE:

## 10. SHARES AUTHORIZED AND ISSUED

| AUTHORIZED SHARES NUMBER OF SHARES | AUTHORIZED SHARES CLASS / SERIES | AUTHORIZED SHARES PAR VALUE | ISSUED SHARES NUMBER OF SHARES | ISSUED SHARES CLASS / SERIES | ISSUED SHARES PAR VALUE |
|---|---|---|---|---|---|
| 4000 | N/A | N/A | 100 | N/A | N/A |

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**

File Date: NOV 22 1996
Check No: By 55
174068
By:
For Secretary of State Use Only

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

Signature of Officer

David E. Barnes
Print or Type Name of Officer

President

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 REPORT**
Please Type or Print
File Annually – Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

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

Corporate ID: # 0059055 Annual Report for the year: 1995

Name of Corporation: DAVID BARNES DEVELOPMENT, INC.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

456 MAIN STREET
WAKEFIELD, RI 02879
Phone: ( 401) 789- 8703

Business Entity is (check one):
[X ] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

RESTAURANT + TAVERN + RELATED INVESTMENTS

**THE NAMES OF THE OFFICERS ARE:**

| | STREET ADDRESS | CITY/STATE | ZIP CODE |
|---|---|---|---|
| PRESIDENT | | | |
| DAVID E. BARNES | 456 MAIN STREET | WAKEFIELD, RI | 02879 |
| VICE PRESIDENT | | | |
| SECRETARY | | | |
| TREASURER | | | |

**THE NAMES OF THE DIRECTORS ARE:**

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|---|---|---|---|
| DAVID E. BARNES | 456 MAIN STREET | WAKEFIELD, RI | 02879 |
| NAME | | | |
| NAME | | | |

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

| Number of Shares | Class / Series |
|---|---|
| ~~4000~~ 6000 | N/A |
| | no par value |

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

| Number of Shares | Class / Series |
|---|---|
| 100 | N/A |

Date 9/26, 19 95

DAVID BARNES DEVELOPMENT, INC.
By:
PRINT OR TYPE NAME OF OFFICER SIGNING: DAVID E. BARNES
TITLE OF OFFICER SIGNING: PRESIDENT

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

PAID
$10 8403
OCT 24 1995
SEC'Y OF STATE

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*

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

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

Corporate ID 0059055 Annual Report for the year ~~1993~~ 1994

Name of Business Entity: DAVID BARNES DEVELOPMENT, INC.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number [redacted]

For foreign entity, address and telephone number of principal office

Phone ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Mews Tavern
456 Main St.
Wakefield, RI 02879

Phone (401) 783-9370.

Business Entity is (check one):

[✓] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

David E Barnes, President
P.O. Box 5179
Wakefield, RI 02880

Brief statement of the character of business conducted in Rhode Island:

Food and Beverage Establishment
Restaurant & Tavern

Date of Organization: 1-30-90

Date of Qualification to do business in Rhode Island (if foreign entity):

## THE NAMES OF THE OFFICERS ARE:

| | | | |
|---|---|---|---|
| ☐ CHAIRMAN OF THE BOARD ☐ PRESIDENT ☐ TREASURER ☐ SECRETARY ☐ ASSISTANT | STREET ADDRESS | CITY/STATE | ZIP CODE |
| DAVID E. BARNES ☐ CHIEF OPERATING OFFICER ☐ VICE PRESIDENT ☐ ASSISTANT | Edgewood Farm Rd | Wakefield, RI | 02879 |
| DANIEL BUBINO ☐ CHIEF FINANCIAL OFFICER ☐ CUSTODIAN OF RECORDS ☐ ASSISTANT | 413 gravely Hill Rd | Wakefield, RI | 02879 |
| ☐ CHIEF EXECUTIVE OFFICER ☐ TREASURER ☐ ASSISTANT | STREET ADDRESS | CITY/STATE | ZIP CODE |

## THE NAMES OF THE DIRECTORS ARE:

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

## NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 6000

CLASS

SERIES

PAR VALUE OR WITHOUT PAR N/A

FILED
MAR 15 1995
By

## NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 6000

CLASS

SERIES

PAR VALUE OR WITHOUT PAR N/A

FILED
By

Date 12/16 19 94

By

DAVID E. BARNES
PRINT OR TYPE NAME OF OFFICER SIGNING

PRESIDENT
TITLE OF OFFICER SIGNING

Form 3 1/94

## DESIGNATED REGISTERED OR RESIDENT 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 filed

Filing Fee $50.00

3389B

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 59055 Annual Report for the year 1993

FIRST: The name of the corporation is DAVID BARNES DEVELOPMENT, INC

SECOND: It is incorporated under the laws of YES

THIRD: Character of business, briefly stated, is TAVERN

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 456 MAIN ST P.O BOX 5179 WAKEFIELD RI 02880

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name | Office | Address (including number, street, zip code) |
|---|---|---|
| [illegible] | Director | |
| | Director | |
| | Director | |
| DAVID E BARNES | President | 11 WILSON ST WAKEFIELD RI |
| DANIEL F. RUBINO | Vice President | 433 GRAVELY HILL RD. PERRYVILLE, RI |
| | Secretary | |
| | Treasurer | |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---|---|---|---|
| 1000 | | | N/A |

PAID
MAR 30 1993
SECRETARY OF STATE

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---|---|---|---|
| 1000 | | | N/A |

Dated 3/1 19 93

DAVID BARNES DEVELOPMENT, INC
(Name of Corporation)

By [signature]

(Report must be signed by an officer)

Title PRESIDENT

Form 31 10/91

Filing Fee $50.00

59299 M

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 59055 Annual Report for the year 1992

FIRST: The name of the corporation is DAVID BARNES DEVELOPMENT, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is ownership of restaurant and lounge

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island The Mews Tavern, 456 Main Street, Wakefield, RI 02879

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name | Office | Address (including number, street, zip code) |
|---|---|---|
| DAVID E. BARNES | Director | 11 Wilson Street, Wakefield, RI 02879 |
| | Director | |
| | Director | |
| DAVID E. BARNES | President | 11 Wilson Street, Wakefield, RI 02879 |
| | Vice President | |
| | Secretary | |
| | Treasurer | |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---|---|---|---|
| 6000 | No Par Value | | |

cz #94346
PAID
JAN 2 1993
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---|---|---|---|
| | | | |

Dated December 31 19 92

DAVID BARNES DEVELOPMENT, INC.
(Name of Corporation)

By

(Report must be signed by an officer)

Title President

Form 31 10/91

Filing Fee $50.00

5929917

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 59055 Annual Report for the year 1991

FIRST: The name of the corporation is DAVID BARNES DEVELOPMENT, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is ownership of restaurant and lounge

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island The Mews Tavern, 456 Main Street, Wakefield, RI 02879

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name | Office | Address (including number, street, zip code) |
|---|---|---|
| DAVID E. BARNES | Director | 11 Wilson Street, Wakefield, RI 02879 |
| | Director | |
| | Director | |
| DAVID E. BARNES | President | 11 Wilson Street, Wakefield, RI 02879 |
| | Vice President | |
| | Secretary | |
| | Treasurer | |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---|---|---|---|
| 6000 | No Par Value | | |

02#94246

SECY OF STATE

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---|---|---|---|
| | | | |

Dated December 31 19 92

DAVID BARNES DEVELOPMENT, INC.
(Name of Corporation)

By

Title President

(Report must be signed by an officer)

Form 31 10/91