

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>32515</b>		2. Name of Corporation <b>The Plaid and Tartan, Inc.</b>	
3. Street Address Principal Business Office <b>1500 BankBoston Plaza</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02903</b>	
4. Business Phone No. <b>861-9040</b>	5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>3095</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Cafe and cocktail lounge</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Eleanor T. Mott</b>		Vice President Name <b>George Mott</b>	
Street Address <b>P.O. Box 186</b>		Street Address <b>P.O. Box 186</b>	
City <b>New Shoreham</b>	State <b>RI</b>	City <b>New Shoreham</b>	State <b>RI</b>
Zip <b>02807</b>		Zip <b>02807</b>	
Secretary Name <b>George Mott</b>		Treasurer Name <b>Eleanor T. Mott</b>	
Street Address <b>same</b>		Street Address <b>same</b>	
City <b>same</b>	State <b>same</b>	City <b>same</b>	State <b>same</b>
Zip <b>same</b>		Zip <b>same</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>Eleanor T. Mott</b>		Director Name <b>George Mott</b>	
Street Address <b>same</b>		Street Address <b>same</b>	
City <b>same</b>	State <b>same</b>	City <b>same</b>	State <b>same</b>
Zip <b>same</b>		Zip <b>same</b>	
Director Name <b>None</b>		Director Name <b>None</b>	
Street Address <b>None</b>		Street Address <b>None</b>	
City <b>None</b>	State <b>None</b>	City <b>None</b>	State <b>None</b>
Zip <b>None</b>		Zip <b>None</b>	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares <b>600 SHS NO PAR</b>	Class/Series <b>NO PAR</b>	Number of Shares <b>600</b>	Class/Series <b>common</b>
Par Value <b>NO PAR</b>		Par Value <b>no par</b>	

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



File Date: Mar 2 1999  
Check No.: 19299  
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.  
Eleanor T. Mott 11/31/1999  
Signature of Officer Date  
**Eleanor T. Mott**  
Print or Type Name of Officer  
**President**  
Title of Officer