



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. (117060), 2. Name of Corporation (The Monument Tavern Inc), 3. Street Address (81 Allen Street), 4. Business Phone No. ((401) 762-3656), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (3095), 7. Brief Description (TO OPERATE A TAVERN), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: Russell Plante, Vice President: Mary Jane Smith), 9. NAMES AND ADDRESSES OF THE DIRECTORS (Director: Russell Plante), 10. SHARES AUTHORIZED (100 NO PAR VALUE), 11. SHARES ISSUED (100 Common No Par).

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.

File Date: 1/25/05
Check No.: 559
By: [Signature]

Signature of Officer: [Signature]
Date: 2-22-05
Print or Type Name of Officer: Russell Plante
Title of Officer: President

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 117060		2. Name of Corporation The Monument Tavern Inc - DBA - Boiler makers			
3. Street Address Principal Business Office 81 Allen St			City Woonsocket	State RI	Zip 02895
4. Business Phone No		5. State of Incorporation RHODE ISLAND			6. SIC Code 3095
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A TAVERN					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RUSSELL PLANTE			Vice President Name MARY JANE SMITH		
Street Address 121 Blackstone St			Street Address 121 Blackstone St		
City Woon.	State RI	Zip 02895	City Woon	State RI	Zip 02895
Secretary Name MARY JANE SMITH			Treasurer Name RUSSELL PLANTE		
Street Address 121 Blackstone St			Street Address 121 Blackstone St		
City Woon.	State RI	Zip 02895	City Woon.	State RI	Zip 02895
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SAME			Director Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name SAME			Director Name SAME		
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
100 NO PAR VALUE	Common	NONE	100	Common	NONE

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



\* 1 1 7 0 6 0 \*

File Date 5/12/04  
Check No. 143  
By: W.  
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 Mary Jane Smith Date 5-10-04  
Print or Type Name of Officer Vice President  
Title of Officer MARY JANE SMITH



**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. **117060**  
2. Name of Corporation **The Monument Tavern Inc**  
3. Street Address Principal Business Office  
**81 ALLEN ST**  
4. Business Phone No. **769-8233**  
5. State of Incorporation **RHODE ISLAND**  
6. Brief Description of the Character of Business Conducted in Rhode Island  
**TAVERN with FOOD**

City **Woonsocket** State **RI** Zip **02895**  
6. SIC Code **3095**

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **RUSSELL PLANTE**  
Street Address **121 Blackstone ST**  
City **Woon.** State **RI** Zip **02895**  
Secretary Name **MARY JANE Smith**  
Street Address **SAME**  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vice President Name **MARY JANE Smith**  
Street Address **121 Blackstone St.**  
City **Woon** State **RI** Zip **02895**  
Treasurer Name **RUSSELL PLANTE**  
Street Address **SAME**  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **RUSSELL PLANTE**  
Street Address **SAME**  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name **MARY JANE Smith**  
Street Address **SAME**  
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
	100 NO PAR VALUE	COMMON	NO

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	COMMON	NO

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



\* 1 1 7 0 6 0 \*

File Date: 4-8-03  
Check No.: 366  
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 of Officer: Mary Jane Smith Date: 4-7-03  
Print or Type Name of Officer: MARYJANE Smith  
Title of Officer: Vice-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. *117060*		2. Name of Corporation The Monument Tavern Inc			
3. Street Address Principal Business Office 81 ALLEN ST.			City Woonsocket	State RI	Zip 02895
4. Business Phone No. None		5. State of Incorporation RHODE ISLAND		6. SIC Code 3095	
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A TAVERN					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RUSSELL PLante			Vice President Name Mary Jane Smith		
Street Address 121 Blackstone St.			Street Address 121 Blackstone St.		
City Woonsocket	State RI	Zip 02895	City Woon.	State RI	Zip 02895
Secretary Name MARY Jane Smith			Treasurer Name RUSSELL PLante		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RUSSELL PLante			Director Name Mary Jane Smith		
Street Address SAME			Street Address SAME		
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
100 NO PAR VALUE	COMMON		RUSSELL PLante	Common	00
			MARY Jane Smith	Common	0

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



\* 1 1 7 0 6 0 \*

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.

\*117060 DBC7/31/02A:16:30 PM\*  
File Date 9-16-02  
Check No. 237  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

Mary Jane Smith 9-10-02  
Signature of Officer Date  
MARY JANE SMITH  
Print or Type Name of Officer  
VICE President  
Title of Officer