



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

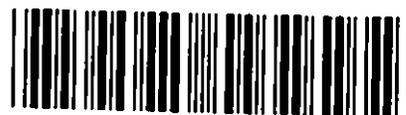
Corporations Div's  
100 North Main St.  
Providence, RI 02903-1  
401.222.31

**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. <b>123470</b>		2. Name of Corporation <b>PUB VENTURES CORP.</b>			
3. Street Address Principal Business Office <b>507 NORTH BROADWAY</b>			City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
4. Business Phone No.		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO ENGAGE IN THE BUSINESS OF OWING AND OPERATING A PUB/EATERY WITH THE SALE OF LIQUOR AND FOOD</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>THOMAS J. CUMMINGS</b>			Vice President Name <b>THOMAS J. CUMMINGS</b>		
Street Address <b>67 MAYFLOWER DRIVE</b>			Street Address <b>67 MAYFLOWER DRIVE</b>		
City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>
Secretary Name <b>PATRICIA A. CUMMINGS</b>			Treasurer Name <b>PATRICIA A. CUMMINGS</b>		
Street Address <b>67 MAYFLOWER DRIVE</b>			Street Address <b>67 MAYFLOWER DRIVE</b>		
City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>PATRICIA A. CUMMINGS</b>			Director Name <b>THOMAS J. CUMMINGS</b>		
Street Address <b>67 MAYFLOWER DRIVE</b>			Street Address <b>67 MAYFLOWER DRIVE</b>		
City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>SEEKONK</b>	State <b>MA</b>	Zip <b>02771</b>
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>			<b>100</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>

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



File Date \_\_\_\_\_  
**FILED**  
Check No. \_\_\_\_\_  
**MAR 03 2005** 2599  
By: \_\_\_\_\_  
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.

*Thomas J. Cummings* 2/25/05  
Signature of Officer Date  
**THOMAS J. CUMMINGS, President**  
Print or Type Name of Officer  
**President**  
Title of Officer



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 02903-1333  
401.222.304

**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. 123470		2. Name of Corporation PUB VENTURES CORP.			
3. Street Address Principal Business Office 507 North Broadway			City East Providence	State RI	Zip 02914
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
TO ENGAGE IN THE BUSINESS OF OWING AND OPERATING A PUB/EATERY WITH THE SALE OF LIQUOR AND FOOD

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

President Name Thomas J. Cummings			Vice President Name Thomas J. Cummings		
Street Address 67 Mayflower Drive			Street Address 67 Mayflower Drive		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Patricia A. Cummings			Treasurer Name Patricia A. Cummings		
Street Address 67 Mayflower Drive			Street Address 67 Mayflower Drive		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771

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

Director Name Patricia A. Cummings			Director Name Thomas J. Cummings		
Street Address 67 Mayflower Drive			Street Address 67 Mayflower Drive		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Director Name none			Director Name none		
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
1,000 NO PAR VALUE	Common		100	Common	no par value

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



\* 1 2 3 4 7 0 \*

File Date 2-3-04

Check No. 1924

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] /24/04  
Signature of Officer Date

THOMAS J. CUMMINGS

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. **123470** 2. Name of Corporation **PUB VENTURES CORP.**  
3. Street Address Principal Business Office **507 North Broadway** City **East Providence** State **RI** Zip **02914**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Pub eatery with food and liquor**

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

President Name <b>Thomas J. Cummings</b>	Vice President Name <b>Thomas J. Cummings</b>
Street Address <b>67 Mayflower Drive</b>	Street Address <b>67 Mayflower Drive</b>
City <b>Seekonk</b> State <b>MA</b> Zip <b>02771</b>	City <b>Seekonk</b> State <b>MA</b> Zip <b>02771</b>
Secretary Name <b>Patricia A. Cummings</b>	Treasurer Name <b>Patricia A. Cummings</b>
Street Address <b>67 Mayflower Drive</b>	Street Address <b>67 Mayflower Drive</b>
City <b>Seekonk</b> State <b>MA</b> Zip <b>02771</b>	City <b>Seekonk</b> State <b>MA</b> Zip <b>02771</b>

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

Director Name <b>Thomas J. Cummings</b>	Director Name <b>Patricia A. Cummings</b>
Street Address <b>67 Mayflower Drive</b>	Street Address <b>67 Mayflower Drive</b>
City <b>Seekonk</b> State <b>MA</b> Zip <b>02771</b>	City <b>Seekonk</b> State <b>MA</b> Zip <b>02771</b>
Director Name <b>None</b>	Director Name <b>None</b>
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>NO PAR VALUE</b>	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No Par Value</b>

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



\* 1 2 3 4 7 0 \*

File Date: 3/5/03

Check No.: 1396

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] 2-7-03  
Signature of Officer Date  
**Thomas J. Cummings, President**  
Print or Type Name of Officer

Title of Officer