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 IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
136072	J. & K. RESTAURANT, INC.			
3. Street Address Principal Business Office		City	State	Zip
757 MAIN STREET		PAWTUCKET	RI	02860-
4. Business Phone No.	5. State of Incorporation			6. SIC Code
	RHODE ISLAND			

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	Street Address	City	State	Zip
Rosa M. Lopes	433 Weeden Street	Pawtucket	RI	02860

Vice President Name	Street Address	City	State	Zip
Rosa M. Lopes	433 Weeden Street	Pawtucket	RI	02860

Secretary Name	Street Address	City	State	Zip
Rosa M. Lopes	433 Weeden Street	Pawtucket	RI	02860

Treasurer Name	Street Address	City	State	Zip
Rosa M. Lopes	433 Weeden Street	Pawtucket	RI	02860

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

Director Name	Street Address	City	State	Zip
Rosa M. Lopes	433 Weeden Street	Pawtucket	RI	02860

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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			500	Common	No Par

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

[redacted] 1360072 [redacted]

136072 DBC 01/04/05 02:27:23 PM
File Date 1/25/05
Check No. 44104708
By: DA
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.

Rosa Lopes — *Signature of Officer* — 1/19/05 — *Date*

ROSA LOPES — *Print or Type Name of Officer*

Owner — *Title of Officer*

[redacted]

Form 630 12/01

STATE OF RHODE ISLAND
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401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
136072	J. & K. RESTAURANT, INC.

3. Street Address Principal Business Office	City	State	Zip
757 MAIN STREET	PAWTUCKET	RI	02860

4. Business Phone No.	5. State of Incorporation	6. SIC Code
	RHODE ISLAND	3081

7. Brief Description of the Character of Business Conducted in Rhode Island
Small restaurant - family style.

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

President Name	Street Address	City	State	Zip
Rosa M. Lopes	433 Weeden Street	Pawtucket	RI	02860

Vice President Name	Street Address	City	State	Zip
Rosa M. Lopes	433 Weeden Street	Pawtucket	RI	02860

Secretary Name	Street Address	City	State	Zip
Rosa M. Lopes	433 Weeden Street	Pawtucket	RI	02860

Treasurer Name	Street Address	City	State	Zip
Rosa M. Lopes	433 Weeden Street	Pawtucket	RI	02860

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

Director Name	Street Address	City	State	Zip
Rosa M. Lopes	433 Weeden Street	Pawtucket	RI	02860

Director Name	Street Address	City	State	Zip

Director Name	Street Address	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	Common	No Par Value	500	Common	No Par

*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 report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Rosa Lopes 9/13/04
Signature of Officer *Date*

Rosa M. Lopes
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

File Date 9/15/04
Check No. 06-772403191
By DA
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