

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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222\_3040

PROFIT	<b>CORPORATION</b> A	ANNUAL REPORT	FOR THE YEAR	2005

Continues III V	3 9 60			<del></del>	<del></del>		
. Corporate ID No.	2. Name of Corporation						
98678  . Street Address Principal Bus	P.B. Managem	ent, inc.	1 01111	State	ZIp		
_	1BOIT Ling	Hu V	City WANWICK	State	02886		
. Business Phone No.	TIPUTE CITAL	5. State of Incorporation			6, SIC Code		
(401) >32-4750 RHODE ISLAND					3095		
Brief Description of the Chai	racter of Business Conducted is						
OPERATION OF A	BAR AND GRILL.						
NAMES AND ADDRE	SSES OF THE OFFICER	S: ("X" BOX FOR ATT	ACHMENT) 📋 FILL IN S	SPACES BEFORE USING	ATTACHMENTS		
resident Name	Ly D	5	Vice President Name	<i>_</i> , , , , , , , , , , , , , , , , , , ,			
PE	ter BUONAN	///	SAME.				
treet Address 169	ter BUONAN	DA-	Street Address				
CAANSTEN	State AT	24p 02920	City	State	Zip		
ecretary Name	cretary Name SAME			Treasurer Name SAME			
treet Address			Street Address				
Zity	State	Zip	City	State	Zip		
. NAMES AND ADDRE	l ESSES OF THE DIRECTO	   ORS: <i>("X" BOX FOR A</i>	: <i>TTACHMENT</i> ) ∏ FILL IN	I V SPACES BEFORE USIN	I NG ATTACHMENTS		
Named on Vones	ta Buonana Oftener Di	•	Director Name	VONE			
treet Address	Of Balling A		Street Address				
169 Will	oftener Di	1-					
(NAnSter	State RI	121p 02920	Cily	State	Zip		
Ofrector Name		• • • • • • • • • • • • • • • • • • • •	Director Name				
	Nové			NOVE			
treet Address			Street Address				
My	State	Zip	City	State	Zip		
	}			(4) T DOW TO D 4 TT 4 C			
	ZED ("X" BOX FOR AT	TACHMENT)		"X" BOX FOR ATTACH	MENI) []		
UTHORIZED SHARES Sumber of Shares	Class/Series	Par Value	ISSUED SHARES  Number of Shares	Class/Series	Par Value		
uniter by shares	CHING RATES	7 47 417ALC	Name of Source				
1,000 COMM NO PAR	VALUE		100	Contai	NOPAN		
					<u> </u>		
This report mus	st be signed in ink by ei	iner the President, Vice	President, Secretary, Assista	ini Secretary, Treasurer,	Receiver of Trustee		
	. 188118 (8181 1848 BUST 1881						
	·	II IBN 1881		rjury, I declare and affirm the panying schedules and state			
		¬ ·	contained herein are		emens, and that an state		
2-6	22-05		<del>/</del>	2/1- Ruini	2/14/05		
File Date		-	Signature of Officer	willia -	Date		
Check No	<u>2' )</u>	_ ]	Signature of Office 1	La RIIIII	A 1/4/1		
	1/12 -	-	Datus au Mona Ma	STEIL DUVIVI	/עועיד		
Ву:	JUD	-	Print or Type Name o	oj ojjice Do	<del>,</del>		
			Signature of Officer PETEN BUONANNI  Print or Type Name of Officer PRESIDENT				



## 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

1. Corporate ID No.	2. Name of Corpor				
98678	P.B. Manage	ement, Inc.			Lan
3 Street Address Principal Busines 255 LAMBA	ECT LIND H	wy	City WANWIK	State K.I	21p C 2886
4. Business Phone No.	. —	5. State of Incorporation	ווכ		6. SIC Code
(401) >32-4		RHODE ISLAN	ID	·-···	3095
7. Brief Description of the Characte OPERATION OF A BA		1 in Rhode Island			
President Name		•	TTACHMENT) ☐ FILL IN  Vice President Name  SA	spacës before usin LMG	G ATTACHMENTS
Street Address 169 Will	BYONANNI OF lower DA	,	Street Address		
CRAUSTEN	State RI	Zip 02-921	City	State	Zip
Secretary Name  SAME		Treasurer Name SAME			
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSI Director Name PHEA	ES OF THE DIRECT BUONANNI OFTOWER		Director Name	N SPACES BEFORE USI	ING ATTACHMENTS
Street Address 169 W10	oflower D	A.	Street Address		
Cay (RAUSTON	State RT	12921	City	State	Zip
Director Name NONE		Director Name  MONG-			
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI AUTHORIZED SHARES	O ("X" BOX FOR?	ATTACHMENT) [	11. SHARES ISSUED ISSUED SHARES	("X" BÖX FOR ATTAĞI	HMENT) 🔲
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE		100	Comm	NoPAN	
			-		

Under penalty of perjury, I declare and affirm that I havincluding any accompanying schedules and statements.	
contained herein are frue and correct.	2/9/04
Signature of Officer PETER BUONANNI	Date
Print or Type Name of Officer PAGIDE NT	

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 \_\_\_\_ 2003 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 98678 P.B. Management, Inc. 3. Street Address Principal Business Office WARWICK 5. State of Incorporation **RHODE ISLAND** 3095 Brief Description of the Character of Business Conducted in Rhode Islan 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name SAME Street Address City Zip State Treasurer Name Street Address Street Address City ZipCity State ZipState 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name PEtEN BUONANNI NONE Street Address Street Address 169 WILDFLOWER DN. City Director Name Director Name Street Address Street Address State Zip City Zip City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Number of Shares Class/Series Par Value Number of Shares Class/Series 1,000 COMM NO PAR VALUE /σσ

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

**⊕** 5

	* 9 8 6 7 8 *
File Date:	2/25/13
Check No.:	2313
Ву:	8
	F 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.

FETCOUS
Signature of Officer

PETER BUONIANNI

Print or Type Name of Officer

TICESIDENI
Title of Officer



### 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 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 98678 P.B. Management, Inc. 3. Street Address Principal Business Office WARWICK 6. SIC Code 3095 Character of Business Conducted in Rhode Island 84B/61111 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Street Address Çity State Zip Treasurer Name Street Address Street Address City ZipState City State Zip9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Zip Director Name Director Name Street Address Street Address City State Zip 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 1.000 COMM NO PAR VALUE

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

Title of Officer



File Date:	1-3002
Check No.:	2249
	<u>a</u>
FOR SECRETARY OF S	TATE 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

Print or Type Name of Officer

TELEM BUONAUNI

Print or Type Name of Officer



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

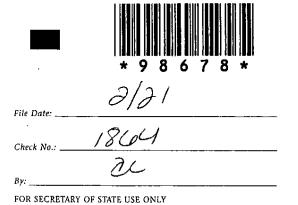
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 98678 P.B. Management, Inc. 3. Street Address Principal Business Office WARWICK 255 LAMBORT Lind Huy RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Peter BYONANNI Street Address 169 WILDFLOWER City Zio Treasurer Name Street Address Street Address City State ZipCity State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name NONE Street Address City 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 1,000 COMM NO PAR VALUE /00

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.

anature of Officer

Print or Type Name of Officer

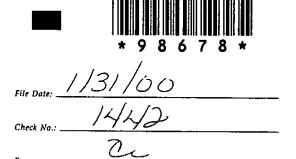
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PILM RLAD INSTRUCTIONS

(FORM MUST BE TYPED IN BI	LACK)				
1. Corporate ID No. <b>98678</b>	2. Name of Corpora P.B. Hana	tion gement, Inc.			
3. Street Address Principal Busines  255 LAN  4. Businese Phone No.  (401) 33  7. Brief Description of the Charact	MBERT LIN 1-4750 ter of Business Conducted i	S. State of Incorporation RHODE ISLAND In Rhode Island	CILY WARWICK	State	21p 0287 ( 6. <b>3663</b> 4°
8. NAMES AND ADDRE	, , , , ,	R/// ICERS (*x* box for attach	(MENT) FILL IN SPACES B	EFORE USING ATTACI	HMENTS
Street Address	ER BUON. WETOWEN	ANNI	Vice President Name Street Address	SAME	
CRANSTON	State R.I.	21p (12921	City	State	Zip
Secretary Name	AME		Treasurer Name	5AMÉ	
Street Address	, , , , ,		Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE  Director Name  PETER  Street Address	ESSES OF THE DIRI	ECTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES  Director Name  Street Address	BEFORE USING ATTA	CHMENTS
CRANSTON	State R-I	102921	City	State	Zip
Director Name  Notest Address	ONE		Director Name Street Address	NONÉ	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZA	ED (*x* box for att.	ACHMENT)	11. SHARES ISSUED (**x	* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PA	AR VALUE		100	Comm	NOTAK

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



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.

PetoBuri 1-1

Signature of Officer Date

Print or Type Name of Officer DD-



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

STOP PU MERIAD ENSERTE FIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 98678 P.B. Management, Inc. WARWICK RHODE ISLAND of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Street Address City Zip Treasurer Name Street Address Street Address City State Zip City State Zin 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name NONE Street Address City State 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)

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

ISSUED SHARES

Number of Shares

	* 9 8 6 7 8 *
File Date:	Jan 21,98
Check No.:	0 1018
By:	OF STATE USE ONLY

Class/Series

Par Value

**AUTHORIZED SHARES** 

1,000 COMM NO PAR VALUE

' Number of Shares

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.

1-14-99

Class/Series

Frint or Type Name of Officer

PETER BUONANNI

Print or Type Name of Officer