



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)

1. Corporate ID No. 98678		2. Name of Corporation P.B. Management, Inc.			
3. Street Address Principal Business Office 255 LAMBERT LIND HUY		City WARWICK	State RI	Zip 02806	
4. Business Phone No. (401) 732-4750		5. State of Incorporation RHODE ISLAND		6. SIC Code 3095	
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATION OF A BAR AND GRILL.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PETER BUONANNI			Vice President Name SAME		
Street Address 169 WILDFLOWER DR.			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
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 PETER BUONANNI			Director Name NONE		
Street Address 169 WILDFLOWER DR.			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Director Name NONE			Director Name NONE		
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
1,000 COMM NO PAR VALUE			100	Common	NO PAR

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



File Date 2-22-05
Check No. 3277
By: KB -

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 Peter Buonanni Date 2/16/05
Print or Type Name of Officer PETER BUONANNI
Title 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

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. 98678		2. Name of Corporation P.B. Management, Inc.			
3. Street Address Principal Business Office 255 LAMBERT LIND Hwy		City WARWICK	State RI	Zip 02886	
4. Business Phone No. (401) 732-4750		5. State of Incorporation RHODE ISLAND			6. SIC Code 3095
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATION OF A BAR AND GRILL.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Peter BUONANNI			Vice President Name SAME		
Street Address 169 WILDFLOWER DR.			Street Address		
City CRAVSTON	State RI	Zip 02921	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
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 Peter BUONANNI			Director Name NONE		
Street Address 169 WILDFLOWER DR.			Street Address		
City CRAVSTON	State RI	Zip 02921	City	State	Zip
Director Name NONE			Director Name NONE		
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
1,000 COMM NO PAR VALUE			100	COMM	NOPAR

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



* 9 8 6 7 8 *

File Date 2-10-04
Check No. 2774
By: Q

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 Peter Buonanni Date 2/9/04

Print or Type Name of Officer Peter BUONANNI

Title of Officer PRESIDENT



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 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

255 LAMBERT LIND Hwy.

City

WARWICK

State

R.I.

Zip

02886

4. Business Phone No.

(401) 732-4750

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3095

7. Brief Description of the Character of Business Conducted in Rhode Island

PUB/GRILL

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

President Name

PETER BUONANNI

Vice President Name

SAME

Street Address

169 WILDFLOWER DR.

Street Address

City

CRANSTON

State

RI

Zip

02921

City

State

Zip

Secretary Name

SAME

Treasurer Name

SAME

Street Address

Street Address

City

State

Zip

City

State

Zip

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

Director Name

PETER BUONANNI

Director Name

NONE

Street Address

169 WILDFLOWER DR.

Street Address

City

CRANSTON

State

RI

Zip

02920

City

State

Zip

Director Name

NONE

Director Name

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Comm

NO PAR

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



* 9 8 6 7 8 *

File Date: 2/25/03

Check No.: 2313

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] 2/24/03
Signature of Officer Date

PETER BUONANNI
Print or Type Name of Officer

PRESIDENT
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.

98678

2. Name of Corporation

P.B. Management, Inc.

3. Street Address Principal Business Office

255 LAMBERT LIND HWY

City

WARWICK

State

RI

Zip

02886

4. Business Phone No.

(401) 732-4750

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3095

7. Brief Description of the Character of Business Conducted in Rhode Island

PUB/6111

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

President Name

Peter BUONANNI

Vice President Name

SAME

Street Address

169 WILDFLOWER DR.

Street Address

City

CRAWFORD

State

R.I.

Zip

02921

City

State

Zip

Secretary Name

SAME

Treasurer Name

SAME

Street Address

Street Address

City

State

Zip

City

State

Zip

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

Director Name

Peter BUONANNI

Director Name

NONE

Street Address

169 WILDFLOWER DR.

Street Address

City

CRAWFORD

State

R.I.

Zip

02921

City

State

Zip

Director Name

NONE

Director Name

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

COMM

NO PAR

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



* 9 8 6 7 8 *

File Date: 1-30-02

Check No.: 2249

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] 1/24/02
Signature of Officer Date

PETER BUONANNI
Print or Type Name of Officer

PRESIDENT
Title 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. **98678** 2. Name of Corporation **P.B. Management, Inc.**

3. Street Address Principal Business Office **255 LAMBERT Lind Hwy** City **WARWICK** State **R.I.** Zip **02886**

4. Business Phone No. **(401) 732-4750** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3095**

7. Brief Description of the Character of Business Conducted in Rhode Island
PUB/GRILL

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

President Name **PETER BUONANNI**
Street Address **169 WILDFLOWER DR.**
City **CRANSTON** State **R.I.** Zip **02921**

Vice President Name **SAME**

Street Address
City State Zip

Secretary Name **SAME**

Treasurer Name **SAME**

Street Address
City State Zip

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

Director Name **PETER BUONANNI**
Street Address **169 WILDFLOWER DR.**
City **CRANSTON** State **R.I.** Zip **02921**

Director Name **NONE**

Street Address
City State Zip

Director Name **NONE**

Director Name **NONE**

Street Address
City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Comm	NO PAR

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



* 9 8 6 7 8 *

File Date: **2/21**

Check No.: **1864**

By: **ec**

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 **Peter Buoni** Date **2/14/01**

Print or Type Name of Officer **PETER BUONANNI**

Title of Officer **PRESIDENT**



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **98678** 2. Name of Corporation **P.B. Management, Inc.**

3. Street Address Principal Business Office **255 LAMBERT LIND HWY.** City **WARWICK** State **R.I.** Zip **02886**
4. Business Phone No. **(401) 732-4750** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3695**

7. Brief Description of the Character of Business Conducted in Rhode Island
PUB/GRILL

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

President Name PETER BUONANNI	Vice President Name SAME
Street Address 169 WILDFLOWER DR.	Street Address SAME
City CRANSTON State R.I. Zip 02921	City State Zip
Secretary Name SAME	Treasurer Name SAME
Street Address	Street Address
City State Zip	City State Zip

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

Director Name PETER BUONANNI	Director Name NONE
Street Address 169 WILDFLOWER DR.	Street Address
City CRANSTON State R.I. Zip 02921	City State Zip
Director Name NONE	Director Name NONE
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100 COMM NOTAR

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



* 9 8 6 7 8 *

File Date: **1/31/00**

Check No.: **1442**

By: **cc**

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 **Peter Buoni** Date **1-19-00**

Print or Type Name of Officer **PETER BUONANNI**

Title of Officer **PRESIDENT**



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

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

(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

255 LAMBERT LIND HWY

City

WARWICK

State

R.I.

Zip

02886

4. Business Phone No.

(401) 732-4750

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3095

7. Brief Description of the Character of Business Conducted in Rhode Island

PUB/Grill

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

President Name

PETER BUONANNI

Vice President Name

SAME

Street Address

169 WILDFLOWER DR.

Street Address

City

CRANSTON

State

R.I.

Zip

02921

City

State

Zip

Secretary Name

SAME

Treasurer Name

SAME

Street Address

Street Address

City

State

Zip

City

State

Zip

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

Director Name

PETER BUONANNI

Director Name

NONE

Street Address

169 WILDFLOWER DR.

Street Address

City

CRANSTON

State

R.I.

Zip

02921

City

State

Zip

Director Name

NONE

Director Name

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

COMM

NOPAR

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



* 9 8 6 7 8 *

File Date: Jan 21, 98

Check No.: 1018

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: Peter Buonanni Date: 1-14-99

Print or Type Name of Officer: PETER BUONANNI

Title of Officer: PRESIDENT