



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

Corporations Division
100 North Main Street
Providence, RI 02903-1535
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. 83480		2. Name of Corporation PERELLA'S RISTORANTE CORPORATION		
3. Street Address Principal Business Office 311 METACOM AVE		City WARREN	State RI	Zip 02885
4. Business Phone No. 245-0150		5. State of Incorporation RHODE ISLAND		6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island RESTAURANT PURVEYANCE OF FOOD AND BEVERAGES.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Louie Perella		Vice President Name SAME AS ABOVE		
Street Address 311 METACOM AVE		Street Address		
City WARREN	State RI	Zip 02885	City	State
Secretary Name SAME AS ABOVE		Treasurer Name SAME AS ABOVE		
Street Address		Street Address		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Louie Perella		Director Name		
Street Address 311 METACOM AVE		Street Address		
City WARREN	State RI	Zip 02885	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 NO PAR VALUE	COMMON	NO/PAR	NONE	COMMON

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



File Date — **FILED** — 1598
Check No — **MAR 03 2005** —
By — **LB** —
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

Date

Print or Type Name of Officer

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 02903-1335
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 83480		2. Name of Corporation PERELLA'S RISTORANTE CORPORATION			
3. Street Address Principal Business Office 311 METACAN AVE		City WARREN		State RI	Zip 02885
4. Business Phone No 245-0150		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island RESTAURANT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LOUIE PERELLA			Vice President Name Same		
Street Address 311 METACAN AVE			Street Address		
City Warren	State RI	Zip 02885	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 LOUIE PERELLA			Director Name		
Street Address 311 METACAN AVE			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Director Name			Director Name		
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
1000	NO PAR VALUE		1000	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.

Signature of Officer

Date

LOUIE PERELLA

Print or Type Name of Officer

PRESIDENT

Title of Officer

File Date **FEB 02 2004**

Check No. **FEB 02 2004**

By: **BY [Signature]**

FOR SECRETARY OF STATE USE ONLY



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.

83480

2. Name of Corporation

PERELLA'S RISTORANTE CORPORATION

3. Street Address Principal Business Office

311 METACOM AVE

City

WARREN

State

WARREN RI

Zip

02885

4. Business Phone No.

401-245-0150

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3079

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

FULL SERVICE RESTAURANT

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

LOUIE PERELLA

Vice President Name

LOUIE PERELLA

Street Address

311 METACOM AVE

Street Address

311 METACOM AVE

City

WARREN

State

RI

Zip

02885

City

WARREN

State

RI

Zip

02885

Secretary Name

LOUIE PERELLA

Treasurer Name

LOUIE PERELLA

Street Address

311 METACOM AVE

Street Address

311 METACOM AVE

City

WARREN

State

RI

Zip

02885

City

WARREN

State

RI

Zip

02885

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

LOUIE PERELLA

Director Name

Street Address

311 METACOM AVE

Street Address

City

WARREN

State

RI

Zip

02885

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

City

State

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

1,000 NO PAR VALUE

Number of Shares

Class/Series

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



* 8 3 4 8 0 *

File Date: 2/14/03

Check No.: 5223

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] 21303
Signature of Officer Date

LOUIE PERELLA
Print or Type Name of Officer

OWNER / 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.

83480

2. Name of Corporation

PERELLA'S RISTORANTE CORPORATION

3. Street Address Principal Business Office

311 METACOM AVE.

City

WARREN

State

RI

Zip

02885

4. Business Phone No.

401 245 0150

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3079

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

FULL SERVICE RESTAURANT

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

LOUIE PERELLA

Vice President Name

LOUIE PERELLA

Street Address

175 TONISSET RD

Street Address

175 TONISSET RD

City

WARREN

State

RI

Zip

02885

City

WARREN

State

RI

Zip

02885

Secretary Name

LOUIE PERELLA

Treasurer Name

LOUIE PERELLA

Street Address

175 TONISSET RD

Street Address

175 TONISSET RD

City

WARREN

State

RI

Zip

02885

City

WARREN

State

RI

Zip

02885

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

LOUIE PERELLA

Director Name

Street Address

175 TONISSET RD

Street Address

City

WARREN

State

RI

Zip

02885

City

State

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

1,000 NO PAR VALUE

Number of Shares

Class/Series

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



* 8 3 4 8 0 *

File Date: 2-22-02

Check No.: 4518

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

[Signature]

Date

2-19-02

Print or Type Name of Officer

LOUIE PERELLA

Title of Officer

OWNER - President



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. **83480** 2. Name of Corporation **PERELLA'S RISTORANTE CORPORATION**

3. Street Address Principal Business Office **311 Metacom Ave** City **Warren** State **RI** Zip **02885**
4. Business Phone No. **401 245 0150** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

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

full service restaurant

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

President Name

Vice President Name

Street Address **Louie Perella**
175 Touisset Rd.
City **Warren, RI 02885**

Street Address **Louie Perella**
175 Touisset Rd.
City **Warren, RI 02885**

Secretary Name

Treasurer Name

Street Address **Louie Perella**
175 Touisset Rd.
City **Warren, RI 02885**

Street Address **Louie Perella**
175 Touisset Rd.
City **Warren, RI 02885**

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

Director Name

Director Name

Street Address **Louie Perella**
175 Touisset Rd.
City **Warren, RI 02885**

Street Address
City
State
Zip

Director Name

Director Name

Street Address
City
State
Zip

Street Address
City
State
Zip

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

AUTHORIZED SHARES

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

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

ISSUED SHARES

Number of Shares Class/Series 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



* 8 3 4 8 0 *

File Date: **2/28**

Check No. **3825**

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] Date **2/27/01**

Louie Perella President
Print or Type Name of Officer

Title of Officer



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. **83480** 2. Name of Corporation **PERELLA'S RISTORANTE CORPORATION**
3. Street Address Principal Business Office
311 Metacom Ave. City **Warren** State **RI** Zip **02885**
4. Business Phone No. **401 245 0150** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

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

full service restaurant

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

President Name Louie Perella	Vice President Name Louie Perella
Street Address 175 Touisset Rd.	Street Address 175 Touisset Rd.
City Warren State RI Zip 02885	City Warren State RI Zip 02885
Secretary Name Louie Perella	Treasurer Name Louie Perella
Street Address 175 Touisset Rd.	Street Address 175 Touisset Rd.
City Warren State RI Zip 02885	City Warren State RI Zip 02885

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

Director Name Louie Perella	Director Name
Street Address 175 Touisset Rd.	Street Address
City Warren State RI Zip 02885	City State Zip
Director Name	Director Name
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 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	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



* 8 3 4 8 0 *

File Date: 3/1/00

Check No.: 3111

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] 2/28/00
Signature of Officer Date

Louie Perella **President**
Print or Type Name of Officer

President
Title of Officer



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. **83480** 2. Name of Corporation **PERELLA'S RISTORANTE CORPORATION**

3. Street Address Principal Business Office **311 Metacom Ave.** City **Warren** State **RI** Zip **02885**

4. Business Phone No. **401 245 0150** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

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

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

President Name Louie Perella	Vice President Name Louie Perella
Street Address 175 Touisset Rd	Street Address 175 Touisset Rd
City Warren State RI Zip 02885	City Warren State RI Zip 02885
Secretary Name Louie Perella	Treasurer Name Louie Perella
Street Address 175 Touisset Rd	Street Address 175 Touisset Rd
City Warren State RI Zip 02885	City Warren State RI Zip 02885

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

Director Name Louie Perella	Director Name
Street Address 175 Touisset Rd	Street Address
City Warren State RI Zip 02885	City State Zip
Director Name	Director Name
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 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	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



* 8 3 4 8 0 *

File Date: **Feb 16, 1999**

Check No.: **2372**

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 **Louie Perella** Date **2/12/99**

Print or Type Name of Officer **LOUIE PERELLA**

Title of Officer **OWNER 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
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 83480 2. Name of Corporation PERELLA'S RISTORANTE CORPORATION
3. Street Address Principal Business Office 311 Metacom Ave. City Warren State RI Zip 02885
4. Business Phone No. 401/245-0150 5. State of Incorporation Rhode Island 6. SIC Code 3079

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

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

President Name	Vice President Name
Louie Perella	Louie Perella
Street Address	Street Address
175 Touisset Road	175 Touisset Road
City State Zip	City State Zip
Warren RI 02885	Warren RI 02885
Secretary Name	Treasurer Name
Louie Perella	Louie Perella
Street Address	Street Address
175 Touisset Road	175 Touisset Road
City State Zip	City State Zip
Warren RI 02885	Warren RI 02885

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

Director Name	Director Name
Louie Perella	
Street Address	Street Address
175 Touisset Road	
City State Zip	City State Zip
Warren RI 02885	
Director Name	Director Name
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
1000 shares no par value

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

ISSUED SHARES
Number of Shares Class/Series 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: 9.22.98
Check No.: 2114
By: VP

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 Louie Perella 9/19/98
Date

Print or Type Name of Officer Louie Perella

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
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

83480

2. Name of Corporation

PERELLA'S RISTORANTE CORPORATION

3. Street Address Principal Business Office

311 Metacom Avenue

City

Warren

State

RI

Zip

02885

4. Business Phone No.

401/245-0150

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3079

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

full service restaurant

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

President Name

Louie Perella

Vice President Name

Louie Perella

Street Address

175 Touisset Road

Street Address

175 Touisset Road

City

Warren

State

RI

Zip

02885

City

Warren

State

RI

Zip

02885

Secretary Name

Louie Perella

Treasurer Name

Louie Perella

Street Address

175 Touisset Road

Street Address

175 Touisset Road

City

Warren

State

RI

Zip

02885

City

Warren

State

RI

Zip

02885

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

Director Name

Louie Perella

Director Name

Street Address

Street Address

175 Touisset Road

City

Warren

State

RI

Zip 02885

State

Zip

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VALUE

ISSUED SHARES

Number of Shares

Class/Series

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



* 8 3 4 8 0 *

File Date: 4/22/97

Check No.: 1115

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] 4/21/97
Signature of Officer Louie Perella Date

Print or Type Name of Officer

President

Title of Officer

**PROFIT CORPORATION
ANNUAL REPORT**

1996

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



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903 1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO

2 NAME OF CORPORATION

0083480 Percilia's Ristorante Corporation

3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE

CITY

STATE

ZIP CODE

311 metacom Ave

Warren

RI

02885

4 BUSINESS PHONE NO.

5 STATE OF INCORPORATION

401-245-0150

R.I.

6 SIC CODE

3079

7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

Restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME

VICE PRESIDENT NAME

Louie Perecilla

Louie Perecilla

STREET ADDRESS

STREET ADDRESS

175 Touisset Rd

175 Touisset Rd

CITY

CITY

Warren

STATE

ZIP CODE

RI

02885

Warren

STATE

ZIP CODE

RI

02885

SECRETARY NAME

TREASURER NAME

Louie Perecilla

Louie Perecilla

STREET ADDRESS

STREET ADDRESS

175 Touisset Rd

175 Touisset Rd

CITY

CITY

Warren

STATE

ZIP CODE

RI

02885

Warren

STATE

ZIP CODE

RI

02885

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME

DIRECTOR NAME

Louie Perecilla

STREET ADDRESS

STREET ADDRESS

175 Touisset Rd

CITY

CITY

Warren

STATE

ZIP CODE

RI

02885

DIRECTOR NAME

DIRECTOR NAME

STREET ADDRESS

STREET ADDRESS

CITY

CITY

STATE

STATE

ZIP CODE

ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

NUMBER OF SHARES

AUTHORIZED SHARES

CLASS / SERIES

PAR VALUE

X

NUMBER OF SHARES

ISSUED SHARES

CLASS / SERIES

PAR VALUE

1000

common/no
series

NO PAR

100 issued

common/
no series

NO PAR

This report must be **SIGNED IN INK** by either the

President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date:

9/21/96

Check No:

2295

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

(President) Louie Perecilla

Print or Type Name of Officer

President

8/9/96

Title of Officer

Date

FORM 21 1296