

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

Matthew A. Brown, Secretary of State

Corporations Division 100 North Many Street Providence, RI 02993-1335 401 222 3040

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____ Filing Period: January 1 - March 1 • Filing Fee: \$50.00 . (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Caporate ID No. 2. Name of Corporation 83480 PERELLA'S RISTORANTE CORPORATION Street Address Principal Business Office 02885 WAKKEN JIL METACOM AUC 5 SIC Code 245-0150 3079 **RHODE ISLAND** Chescriptrate of the Chane, for of this mass Conducted in Rondo Island RESTAURANT PURVEYANCE OF FOOD AND BEVERAGES. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name SAME AP -ouit Perella Street Addiress Street Address Street Address Street Address 6.0) 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Louie Perells Street Address Street Address Director Name Street Address Street Address Zψ 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES Number of Shares Class Series Par Value Number of Shares Class Series Par Value 1,000 NO PAR VALUE com m cn COMMON NO PAK_ NONLThis report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, Landare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. 11105 FOR SECRETARY OF STATE USE ONLY



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

(FORM MUST BE TYPED OR PRINT	TED IN BLACK)					
1. Corporate ID No 93480	2. Name of Corporation PEREL	LAS RISTOR	ANTE CORPOR	ATION		
3. Street Address Principal Husiness O	· .	 	City WAKREN	State RT	02885	
4. Business Phone No 24 5 -015		5 State of Incorporation	WAIT FOR	D	6. SIC CONTO	
7 Brief Description of the Character of 8. NAMES AND ADDRESSES President Name	RESTAL	IKAUT	CHMENT) [] FILL IN	SPACES BEFORE USING	ATTACHMENTS	
LOUIE Street Address	PEREL	<u> </u>	Sirect Address	SALL		
311 MET	rcan Aug	_				
city Warren	State RF	^{zip} 02885	City	State	Zip	
Secretary Name	Soul		Treasurer Name	SALLE		
Street Address			Street Address			
City	State	Ziφ	City	State	Zip	
9. NAMES AND ADDRESSES Director Name	of the director:	I S: ("X" BOX FOR ATT	FACHMENT) [FILL II Director Name	N SPACES BEFORE USING	ATTACHMENTS	
Sirvet Address 311 W	relacan AV	D .	Street Address			
Cuy Wareen	State RF	02855	City	State	Zıp	
Director Name	·	*****	Director Name			
Sirvet Address			Street Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZED (AUTHORIZED SHARES	"X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1000 NUD	AR VALU	e	102	COMMON	NOPAL	
This report must be si	gned in ink by eithe	er the President, Vice P	resident, Secretary, Assista	ant Secretary, Treasurer, R	eceiver or Trustee	
			Under penalty of pe	rjury, I decla <u>re a</u> nd affirm tha	t I have examined this report.	
F]		npanying schedules and states	ments, and that all statements	
File Date	the same of the sa		Signature of Officer	Jaurelle	- 1129/04	
Check No. FEB 0 2	2004				LLA	
By: EYFOR SECRETARY OF STA	TE USE ONLY		Print or Type Name a	PRESIDENT		
		J	Title of Officer		Form 630 Rev. 12/03	

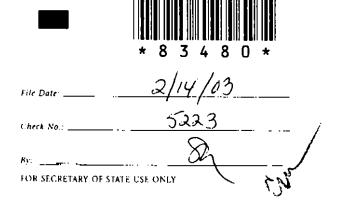
Edward S. Inman, III. Secretary of State Corporations Discrim 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

STOP PLEASE READ INSTRUCTIONS

Filing Period: Januar	y 1-March 1 •	Filing Fee: \$50.00		. I E I I I I I I I I I I I I I I I I I	PLEASUR INSTRUCT
ORM MUST BE TYPED OR PRIN					
83480	2 Name of Corporat		ION		
Street Address Principal Busines	ss Office	RISTORANTE CORPORAT	City	State	Zin
. .	H AVE	5 State of Incurporation	WARREN	state WARREN R	
401-24 Brief Description of the Charact	5-0150 ter of Business Conducted in	RHODE ISLAND			6. SIC Gode 3079
FULL SE	RUICE RES	TAULANT CERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES E	EFORE USING ATTACH	MENTS
resident Name	_		Vice President Name	- D	•
	PENELLA			HE PERELL	/\
ireel Address 311 MET	MOOM AVE			TACOM AUE	
WARREN	State RT	02835	WAKREN	State RI	²¹⁹ 03885
	= PERE	LLA		PERELLA	
11eel Address 311 P	1ETACOM			METACOM	•
WARREN	State RI	038S	WARREN	State RT	02885
	IE PEREL	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES Director Name	S BEFORE USING ATTAC	HMENTS
treet Address	METACAU	AUE	Street Address		
WARREN	£	02885	City	State	Zip
Director Name		0233)	Director Kame		
treet Address			Street Address		
ity	State	Zıp	City	State	7 ip
O. SHARES AUTHORIZI	ED (*x* box for atta	CHMENT)	11. SHARES ISSUED (*)	(* BOX FOR ATTACHMEŅT)	
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	(OMMON	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 constained thereig are true and correct

Signature of Officer

Date

Print or Type Name of Officer

But of Officer

Form 63

Form 630 - 12/02

100 North Main Street, Providence, RI 0.1903-1335 401-222-3040



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

(FORM MUST BI	TYTED	IN BLACK)
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1. Corporate 1D No

2. Name of Corporation

83480

PERELLA'S RISTORANTE CORPORATION

3. Street Address Principal Business Office

311 METACOM AVE.

5. State of Incorporation

4. Business Phone No.

245 0150 401

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

PERELLA -ouiE

Touisset RD WARREN

WARREN

PERELLA Louie

TUNISSET RD

Street Address

LOUIE PERELLA

TUNISSET

TOUISSET RD

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

FILL IN SPACES BEFORE USING ATTACHMENTS Director Name

Director Name

PERELLA LOUIE

Street Address

TOUISSET

1,000 NO PAR VALUE

Street Address

Zip

Street Address

City

Director Name

City

Street Address

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

State

Par Value

ZID

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

ISSUED SHARES

Number of Shares

Class/Series

100

CUMMON

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



2 22 02

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any companying schedules and statements, and

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

PODLA VALLET	P. normanzae	n ar ni cerat		

LEOKY	MO21	ΒĽ	TTPED	 BLACK

1. Corporate ID No. 83480

2. Name of Corporation
PERELLA S RISTORANTE CORPORATION

. Street Address Principal Business Office	City	State	Zip
311 Metacom Ave	Warren S. State of Incorporation PHODE TSIAND	RI	02885 " ሄ ዕፖቻ

4. Business Phon 4 0 1 2	45 0150	S. State of Incorporation RHODE ISLAND			⁶ 307 ሃ
7. Brief Descripti	ion of the Character of Business Conducted in Rhode	Island			
	service restaurant AND ADDRESSES OF THE OFFICERS		FILL IN SPACES BEF	ORE USING ATTA	CHMENTS
Street Address	Louie Perella 175 Touisset Rd.	Street A	Louic Per 175 Tou	ella iisset Rd.	
City	Warren, RI 02885	City	Warren,	RI 02885	
Secretary Name		Treasur	er Name		
Street Addréss	Louie Perella 175 Touisset Rd.	Street /	Louie Pere 175 Tou	ella isset Rd.	
Uity	Warren, RI 02885	City	Warren,	RI 02885	
9. NAMES /	AND ADDRESSES OF THE DIRECTO		FILL IN SPACES B	EFORE USING ATT	ACHMENIS
Street Address	Louic Perella 175 Touisset Rd.	Street ,	Address		
City	Warren, RJ 02885	City		State	Zip
Director Name		Duecto	v Name		
Street Address		Street /	Address		

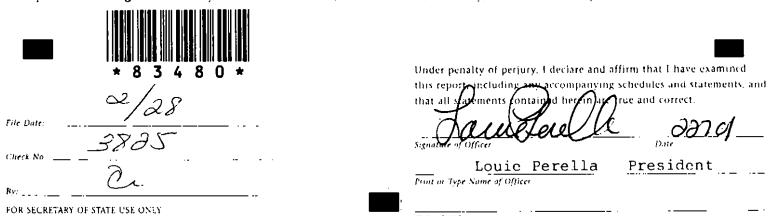
City State ZipCity State

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

Number of Shares Par Value Number of Shares Class/Series Class/Series Par Value

1,000 SHS 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



Title of Officer

 Z_{1P}

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

State

RΙ

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

5. State of Incorporation

RHODE ISLAND

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

Warren

Vice President Name

Street Address

Warren

Louie Perella

175 Touisset Rd.

Print or Type Name of Officer

PERELLA'S RISTORANTE CORPORATION

^{Zip} 02885

02885

6. SIC Code

3079

^{Zip}02885

ring reriou: junuary 1-march 1	•	Filing Fee: \$50.00
(FORM MUST BE TYPED IN BLACK)		

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

full service restaurant

2. Name of Corporation

RΙ

L. Corporate ID No.

4. Business Phone No.

President Name

Street Address

^{City}Warren

83480

401 245 0150

Louie Perella

175 Touisset Rd.

FOR SECRETARY OF STATE USE ONLY

3. Street Address Principal Business Office

311 Metacom Ave.

Secretary Name Louie Perella Street Address 175 Touisset	Rd.		Treasurer Name Louie Perell Street Address 175 Touisse		
^{Cuy} Warren	State RI	^{Zip} 02885	Wärren	^{State} RI	^{zip} 02885
9. NAMES AND ADDRESS Director Name Louie Perella Street Address 175 Touisset		CTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPA Director Name Street Address	CES BEFORE USING ATTA	CHMENTS
^{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 AUTHORIZED SHARES	O (*X* BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Cluss/Series	Par Value
1,000 SHS NO PAR	VALUE		100	common	no par
This report must be sign		er the President, Vic		ssistant Secretary, Treasur perjury, I declare and affirm	
# 8 File Date: 3// Check No.: 3//	3 4 8 0 * / <u>/</u> /		7.	s contained herein are true a	



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 PLU SSI, RI, AD INSTRUCTIONS

(FORM MUST BE TYPED IN BL	ACK)						'	
1. Corporate ID No. 83480	2. Name of PEREI	Corporation	STORANTE COR	PORATION				
3. Street Address Principal Business	Office			City		State	Zip	+
311 Metacom	Ave.			Warre	en	RI	02885	;
4. Husiness Phone No. 401 245 0150			5. State of Incorporation RHODE ISLAI				6. SIC Gode 3079	-
7. Brief Description of the Characte full service			ode Island					
8. NAMES AND ADDRES President Name Louie Perell		OFFICE	RS ("X" BOX FOR ATTA	CHMENT) FILL Vice President (Name	efore using attac ie Perella	HMENTS	
Street Address 175 Touisset	Rd			Street Address	175	Touisset Rd	l.	
Warren	State	RI	^{Zip} 02885	City	Warren	State RI	Zip 0288	35
Secretary Name Louie Perell	a			Treasurer Name	Lou	ie Perella		••
Street Address 175 Touisset	Rd			Street Address	175	Touisset Rd	l	
City Warren	State	RI	zip02885	City	Warren	State RI	Zip 0288	35
9. NAMES AND ADDRES Director Name Louie Perell		DIRECT	ORS ("X" BOX FOR AT	TACHMENT) FI Director Name	LL IN SPACES	BEFORE USING ATTA	ACHMENTS	•
Street Address 175 Touisset	Rd			Street Address				•
^{City} Warren	State	RI	zip02885	Clly		State	Zip	
Director Name				Director Name	•		•• • • • • • • • • • • • • • • • • • • •	••···
Street Address				Street Address				٥
City	State		Zip	City		State	Zip	
10. SHARES AUTHORIZE	.D (*x* BOX FC	OR ATTACHI	MENT)	11. SHARES	S ISSUED (*x*	BOX FOR ATTACHMENT	")	•
Number of Shares	Class/Series		Far Value	Number of Shar	res	Class/Series	Par Value	••
1,000 SHS NO PAR	VALUE			100		common	no par	r ,

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:	Jel 16,99	
Check No.:	0372	
9y:	D.	n
OR SECRETARY OF	STATE USE ONLY	0-

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements confained berein are true and correct.

Signature of Officer

Print or Type Name of Officer

president

Title of Officer



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 1D No.	2. Name of Corpora	tion			
83480		PERELLA	'S RISTORANTE CO	ORPORATION	
3. Street Address Principal Bus	iness Office		City	State	Zip
311 Metacom	Ave.		Warren	RI	02885
4. Business Phone No.		5. State of Incorporation			6 SIC Code
401/2	45-0150	Rhode I	sland		3079
7. Brief Description of the Chai	racter of Business Conducted i	n Rhode Island			00.7
full service	restaurant				
8. NAMES AND ADDI	RESSES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT)		
President Name			Vice President Name		
Louie Perell	a		Louie Perel	lla	
Street Address			Street Address		
175 Touisset	Road		175 Touisse	et Road	
City	State	Zip	City	State	Zip
Warren	RI	02885	Warren	RI	02885
Secretary Name			Treasurer Name		02003
Louie Perell	a		Louie Perel	la	
Street Address			Street Address		
175 Touisset	Road		175 Touisse	et Road	
City	State	Zip	City	State	Zip
Warren	RI	02885	Warren	RI	02885
9. NAMES AND ADDI	RESSES OF THE DIRI				02003
Director Name			Director Name		
Louie Perell	a				
Street Address			Street Address		
175 Touisset	Road				
City	State	Zíp	City	State	Zip
Warren	RI	02885			
Director Name			Director Name		
Street Address			Street Address		
City	State	ZIp	City	State	Zip
10. SHARES AUTHOR	IZED (*x* box for att	ACHMENT)		'*X* BOX FOR ATTACHMENT	r)
AUTHORIZED SHARES			ESSUFED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 shares	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:	9.22.98	
Check No.: _	2114	
By:	ARY 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 hereinfact true and correct.

Signature of Officer

Louie Perella
Print or Type Name of Officer

President

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

02885

RI

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 State 311 Metacom Avenue Warren RI 02885 4. Business Phone No. S. State of Incorporation 6. SIC Code RHODE ISLAND 401/245-0150 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 Louie Perella Street Address Street Address

175 Touisset Road 175 Touisset Road City ZIp Warren RΙ 02885 Warren Secretary Name Treasurer Name

Louie Perella Louie Perella Street Address Street Address

175 Touisset Road 175 Touisset Road City

Warren RI 02885 Warren 02885 RI

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

Louie Perella

Street Address Touisset Road

Warren State RI ZIP 02885 Clly State Zip

Director Name Director Name

Street Address Street Address

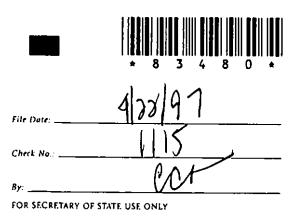
City Zip City State Zip

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

AUTHORIZED SHARES **CURAIS CEIU221** Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

1,000 SHS NO PAR VALUE 100 common no par

This report must be signed in lnk 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 spatements conta are true and correct.

Louie Perella

Print or Type Name of Officer

President

Title of Officer

PROFIT CORPORATON **ANNUÂL REPORT**

1996



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

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

PLEASE TYPE OR PRINT IN BLACK INK.							
00 83480	2 NAME OF CORPORATION	Ristorant	É Corporatio	30			
3 STREET ADDRESS PRINCIPAL BL 311 MCt	is ness office		Corporation warren	STATE R	02885		
4 BUSINESS PHONE NO. 401 - 24	5-0150	R . I			\$5°C COOF 3079		
Resta	IRACTER OF BUSINESS CONDUCTED IN RHO	DE ISLAND		E			
PRES DENT NAME LOUIC	Pereila			Percilo			
	OUISSCE R	ZIP CODE	STREET ADDRESS TOL	JISSCT 1	ZIP CODE		
WOXTCT SECRETARY NAME	•	02885	Warren	RI	07885		
STREET ADDRESS	Percila	•	STREET ADDRESS 75 TOL	Perella Visset			
warren	OUISSCT 1	71P CODE 0285	"Warren	STATE /	21P CODE 02855		
D RECTOR NAME	Perella	AND ADDRES	S E S O F T M E D I	IRECTÓRS			
STREET ADDRESS TO	VISSEL R	d	STREET ADDRESS	•	·		
CITY WANCE	o state Ri	02885	C'TY DIRECTOR NAME	STATE	ZIP CODE		
STREET ADDRESS			STREET ACCINESS				
C.TY	STATE	ZIP COD€	CITY	STATE	ZIP CODE .		
	AUTHORIZED SHARES	IARES AUTHO		S U E D ISSUED SHARES			
NUMBER OF SHARES	CLASS/SERIES	NO PAR	100 (SSUECL	COMMON /	NO PAR		
1000	sene	5	700130000	nuscre	5		
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.

2295 File Date: Check No: By:

For Secretary of State Use Only