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	2. Name of Corporation
32582	Newport Waterfront Landing, Inc.

3. Street Address Principal Business Office	City	State	Zip
1 ELLA TERRACE	NEWPORT	RI	02840

4. Business Phone No	5. State of Incorporation	6. SIC Code
401 842-0463	RHODE ISLAND	3079

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

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

President Name	Vice President Name
Donnie B Kilroy	PATRICK Kilroy
Street Address: 1 Ella Terrace	Street Address: 16 1/2 Franklin ST.
City: NEWPORT State: RI Zip: 02840	City: Newport State: RI Zip: 02540
Secretary Name: Kerrie Roderick	Treasurer Name: Craig Kilroy
Street Address: 118 HARRISON Ave	Street Address: 1 ELLA TERRACE
City: Newport State: RI Zip: 02840	City: Newport State: RI Zip: 02840

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

Director Name	Director Name
Street Address	Street Address
City State Zip	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	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No par value

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.

Bonnie B Kilroy 2/17/05
Signature of Officer *Date*

Bonnie B. Kilroy
Print or Type Name of Officer

President
Title of Officer

File Date 2-18-05
Check No. 8707
By: MB

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 12/03

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.	2. Name of Corporation			
32582	Newport Waterfront Landing, Inc.			
3. Street Address Principal Business Office		City	State	Zip
1 Ella TERRACE		NEWPORT	RI	02840
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401 8420463	RHODE ISLAND			3079

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

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

President Name	Vice President Name
BONNIE B. KILROY	PATRICK KILROY
Street Address: 1 ELLA TERRACE	Street Address: 16½ FRANKLIN STREET
City: NEWPORT State: RI Zip: 02840	City: NEWPORT State: RI Zip: 02840
Secretary Name	**Treasurer Name**
CRAIG KILROY	Bonnie B. Kilroy
Street Address: 1 ELLA TERRACE	Street Address: 1 Ella TERRACE
City: NEWPORT State: RI Zip: 02840	City: NEWPORT State: RI Zip: 02840

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

Director Name	Director Name
Street Address	Street Address
City State Zip	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	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	COMMON	No

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

[redacted] [redacted]

* 3 2 5 8 2 *

File Date 1-22-04

Check No. 7904

By:

FOR SECRETARY OF STATE USE ONLY

[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.

Bonnie B Kilroy 1/20/04
Signature of Officer *Date*

BONNIE B. KILROY
Print or Type Name of Officer

President
Title of Officer

Form 630 Rev. 12/03

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 32582

2. Name of Corporation Newport Waterfront Landing, Inc.

3. Street Address Principal Business Office 1 ELLA TERRACE

City NEWPORT *State* RI *Zip* 02840

4. Business Phone No. 401 847-4514

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 - Tavern

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

President Name Bonnie B. Kilroy
Street Address 1 ELLA TERRACE
City NEWPORT *State* RI *Zip* 02840

Vice President Name Kerrie Roderick
Street Address 118 HARRISON Ave
City NEWPORT *State* RI *Zip* 02840

Secretary Name Patrick Kilroy
Street Address 35 MANN Ave
City NEWPORT *State* RI *Zip* 02840

Treasurer Name Shawn Kilroy
Street Address 1 ELLA TERRACE
City NEWPORT *State* RI *Zip* 02840

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

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000 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

* 32582 *

File Date: 1.31.03

Check No.: 7201

By: UP

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.

Bonnie B Kilroy 1/24/03
Signature of Officer *Date*

BONNIE B. KILROY
Print or Type Name of Officer

President
Title of Officer

Form 630 12/02

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1 *Corporate ID No.*: 32582

2 *Name of Corporation*: Newport Waterfront Landing, Inc.

3 *Street Address Principal Business Office*: 1 ELLA TERRACE — *City*: NEWPORT — *State*: RI — *Zip*: 02840

4 *Business Phone No*: 4018420463

5 *State of Incorporation*: RHODE ISLAND

6 *SIC Code*: 3079

7 *Brief Description of the Character of Business Conducted in Rhode Island*: RESTAURANT - TAVERN

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

President Name: BONNIE B. KILROY
Street Address: 1 Ella TERRACE
City: NEWPORT *State*: RI *Zip*: 02840

Vice President Name: PATRICK KILROY
Street Address: 35 MANN Ave
City: NEWPORT *State*: RI *Zip*: 02840

Secretary Name: KERRIE Roderick
Street Address: 118 HARRISON Ave
City: NEWPORT *State*: RI *Zip*: 02840

Treasurer Name: CAREY KILROY
Street Address: 1 ELLA TERRACE
City: NEWPORT *State*: RI *Zip*: 02840

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

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

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

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	No par value

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

[redacted]

32582

[redacted]

File Date: 1-17-02

Check No.: 6518

By:

FOR SECRETARY OF STATE USE ONLY

[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.

Bonnie B Kilroy 1/15/02
Signature of Officer *Date*

President Bonnie B. Kilroy
Print or Type Name of Officer

President
Title of Officer

#32582

VICE President
DAVID KILROY
1 Ella Terrace
NEWPORT, RI
02840

VICE President
ERIN KILROY
1 Ella Terrace
NEWPORT, RI
02840

VICE president
Craig KILROY
1 Ella Terrace
NEWPORT, RI
02840

VICE president
SHAWN D. KILROY
1 ELLA TERRACE
NEWPORT, RI 02840

VICE President
DAVID E. KILROY
600 PARADISE Ave
Middletown, RI
02842

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 32582
2. Name of Corporation: Newport Waterfront Landing, Inc.
3. Street Address Principal Business Office: 1 ELLA TERRACE — City: NEWPORT — State: RI — Zip: 02840
4. Business Phone No.: 401 842-0463
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 3079
7. Brief Description of the Character of Business Conducted in Rhode Island: RESTAURANT - TAVERN

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

President Name: Bonnie B. Kilroy
Street Address: 1 ELLA TERRACE
City: NEWPORT State: RI Zip: 02840

Vice President Name: PATRICK KILROY
Street Address: 1 ELLA TERRACE
City: NEWPORT State: RI Zip: 02840

Secretary Name: CAREY KILROY
Street Address: 1 ELLA TERRACE
City: NEWPORT State: RI Zip: 02840

Treasurer Name: CRAIG KILROY
Street Address: 1 ELLA TERRACE
City: NEWPORT State: RI Zip: 02840

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

Director Name: KERRIE RODERICK
Street Address: 118 HARRISON AVE
City: NEWPORT State: RI Zip: 12840

Director Name: SHAWN KILROY
Street Address: 10620 VICTORY BLVD
City: No Hollywood State: CA Zip: 91606

Director Name: ERIN KILROY
Street Address: 1 ELLA TERRACE
City: NEWPORT State: RI Zip: 02840

Director Name: DAVID E KILROY
Street Address: 600 PARADISE AVE
City: Middletown State: RI Zip: 02842

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000 NO PAR VAL		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1 FOC	common	NO PAR VALUE

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

[redacted] 

File Date: 3-12-01

Check No: 5844

By: JL

FOR SECRETARY OF STATE USE ONLY

[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.

Bonnie B. Kilroy 3-1-01
Signature of Officer *Date*

BONNIE B. KILROY
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 2000

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 32582

2. Name of Corporation: Newport Waterfront Landing, Inc.

3. Street Address Principal Business Office: 1 ELLA TERRACE — City: NEWPORT — State: RI — Zip: 02840

4. Business Phone No.: 401 842-0463

5. State of Incorporation: RHODE ISLAND

6. SIC Code: 3079

7. Brief Description of the Character of Business Conducted in Rhode Island: RESTAURANT / TAVERN

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

President Name: BONNIE B KILROY
Street Address: 1 ELLA TERRACE
City: NEWPORT — State: RI — Zip: 02840

Vice President Name: Bonnie B. Kilroy
Street Address: 1 ELLA TERRACE
City: NEWPORT — State: RI — Zip: 02840

Secretary Name: Bonnie B. Kilroy
Street Address: 1 ELLA TERRACE
City: NEWPORT — State: RI — Zip: 02840

Treasurer Name: Bonnie B. Kilroy
Street Address: 1 ELLA TERRACE
City: NEWPORT — State: RI — Zip: 02840

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

Director Name: NONE
Street Address:
City: — State: — Zip:

Director Name: NONE
Street Address:
City: — State: — Zip:

Director Name:
Street Address:
City: — State: — Zip:

Director Name: NONE
Street Address:
City: — State: — Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000	NO PAR VAL	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	common	No par value

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

* 32582 *

File Date: 2/18/00

52.00

Check No.: 2c

By:

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.

Bonnie B Kilroy — 2-14-00
Signature of Officer — *Date*

BONNIE B KILROY
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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 32582
2. Name of Corporation: Newport Waterfront Landing, Inc.
3. Street Address Principal Business Office: 1 ELLA TERRACE — City: NEWPORT — State: RI — Zip: 02840
4. Business Phone No.: (401) 8420463
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 3079
7. Brief Description of the Character of Business Conducted in Rhode Island: RESTAURANT / TAVERN

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

President Name: Bonnie B. Kilroy
Street Address: 1 Ella Terrace
City: Newport — State: RI — Zip: 02840

Vice President Name: Bonnie B. Kilroy
Street Address: 1 Ella Terrace
City: Newport — State: RI — Zip: 02840

Secretary Name: Bonnie B. Kilroy
Street Address: 1 Ella Terrace
City: Newport — State: RI — Zip: 02840

Treasurer Name: Bonnie B. Kilroy
Street Address: 1 Ella Terrace
City: Newport — State: RI — Zip: 02840

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

Director Name: None
Street Address:
City: — State: — Zip:

Director Name:
Street Address:
City: — State: — Zip:

Director Name:
Street Address:
City: — State: — Zip:

Director Name:
Street Address:
City: — State: — Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1000	NO PAR VAL	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No par value

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

[redacted] * 3 2 5 8 2 *

File Date: Feb 01, 99
Check No.: C.C. (illegible)
By: D.
FOR SECRETARY OF STATE USE ONLY

[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.

Bonnie B Kilroy — 1/27/99
Signature of Officer — *Date*

Bonnie B. Kilroy
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
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. *Corporate ID No.* 32582

2. *Name of Corporation* Newport Waterfront Landing, Inc.

3. *Street Address Principal Business Office* 1 ELLA TERRACE — *City* NEWPORT — *State* RI — *Zip* 02840

4. *Business Phone No.* 401 842 0463

5. *State of Incorporation* RHODE ISLAND

6. *SIC Code* 3079

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

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

President Name Bonnie B. Kilroy
Street Address 1 ELLA TERRACE
City NEWPORT *State* RI *Zip* 02840

Vice President Name Bonnie B. Kilroy
Street Address 1 ELLA TERRACE
City NEWPORT *State* RI *Zip* 02840

Secretary Name Bonnie B. Kilroy
Street Address 1 Ella TERRACE
City NEWPORT *State* RI *Zip* 02840

Treasurer Name Bonnie B. Kilroy
Street Address 1 ELLA TERRACE
City NEWPORT *State* RI *Zip* 02840

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

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1000 NO PAR VAL		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	no par Value

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

* 3 2 5 8 2 *

File Date: 2-11-98
Check No.: 3865 100
By:
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.

Bonnie B Kilroy 2-11-98
Signature of Officer *Date*

Bonnie B Kilroy
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
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. *Corporate ID No.* 32582
2. *Name of Corporation* Newport Waterfront Landing, Inc.
3. *Street Address Principal Business Office* 1 Ella Terrace — *City* Newport — *State* RI — *Zip* 02840
4. *Business Phone No.* 401 842 0463
5. *State of Incorporation* RHODE ISLAND
6. *SIC Code* 3079
7. *Brief Description of the Character of Business Conducted in Rhode Island* Restaurant / Tavern

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

President Name Bonnie B. Kilroy
Street Address 1 Ella Terrace
City Newport *State* RI *Zip* 02840

Vice President Name Bonnie B. Kilroy
Street Address 1 Ella Terrace
City Newport *State* RI *Zip* 02840

Secretary Name Bonnie B. Kilroy
Street Address 1 Ella Terrace
City Newport *State* RI *Zip* 02840

Treasurer Name Bonnie B. Kilroy
Street Address 1 Ella Terrace
City Newport *State* RI *Zip* 02840

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

Director Name None
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1000 NO PAR VAL		

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	Common	None

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

[redacted] * 3 2 5 8 2 *

File Date: 1-21-97
Check No.: 3170
By: 100
FOR SECRETARY OF STATE USE ONLY

[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.

Bonnie B Kilroy 1/15/97
Signature of Officer *Date*

Bonnie B Kilroy
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.: 32582

2. NAME OF CORPORATION: Newport Waterfront Landing, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 30 Bowens Wharf | CITY: NEWPORT | STATE: RI | ZIP CODE: 02840

4. BUSINESS PHONE NO.: 401 8474514

5. STATE OF INCORPORATION: RHODE ISLAND

6. SIC CODE: 3079

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: RESTAURANT Full Service B/V license

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: Bonnie B Kilroy
STREET ADDRESS: 1 ELLA Terrace
CITY: NEWPORT | STATE: RI | ZIP CODE: 02840

VICE PRESIDENT NAME: Bonnie B. Kilroy
STREET ADDRESS: SAME
CITY | STATE | ZIP CODE

SECRETARY NAME: Bonnie B. Kilroy
STREET ADDRESS: 1 ELLA Terrace.
CITY: NEWPORT | STATE: RI | ZIP CODE: 02840

TREASURER NAME: Bonnie B Kilroy
STREET ADDRESS: SAME
CITY | STATE | ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME
STREET ADDRESS
CITY | STATE | ZIP CODE

DIRECTOR NAME
STREET ADDRESS
CITY | STATE | ZIP CODE

DIRECTOR NAME
STREET ADDRESS
CITY | STATE | ZIP CODE

DIRECTOR NAME
STREET ADDRESS
CITY | STATE | ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1000	NO PAR VAL		100	Commos	NO PAR VAL

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.

Bonnie B Kilroy
Signature of Officer

President
Print or Type Name of Officer

BONNIE B. KILROY
Title of Officer

1/27/96
Date

File Date: 1/30/96

Check No: 2452

By: MP

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

CO# 1361 MMC

ANNUAL REPORT
Please Type or Print
File Annually – Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 00132882

Annual Report for the year: 1995

Name of Corporation: Newport Waterfront Landing, Inc.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):
[✓] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )

Brief statement of the character of business conducted in Rhode Island: RESTAURANT/TAVERN

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
1 Ella Terrace
Newport RI 02840

Phone: (401) 8420463

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	Bonnie B. Kilroy	1 Ella Terrace	Newport RI	02840
VICE PRESIDENT	Bonnie B Kilroy	1 Ella Terrace	Newport RI	02840
SECRETARY	Bonnie B. Kilroy	1 Ella Ter	Newport RI	02840
TREASURER	Bonnie B. Kilroy	1 Ella Ter.	Newport RI	02840

THE NAMES OF THE DIRECTORS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
1000	Common/No par value	100	Common/No par value

Date Jan 3, 1995, 19____

By: Bonnie B Kilroy

PRINT OR TYPE NAME OF OFFICER SIGNING: BONNIE B. KILROY

TITLE OF OFFICER SIGNING: President

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

BONNIE KILROY
1 ELLA TERRACE
NEWPORT RI 02840

MMC

Filing Fee $50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations
Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC Sept. 1 - Nov. 1
CORP Jan. 1 - March 1

Corporate ID 0032562 Annual Report for the year: 1994

Name of Business Entity: Newport Waterfront Landing, Inc.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number [redacted]

For foreign entity, address and telephone number of principal office

Phone ( )

Business Entity is (check one)

- [✓] Business Corporation (See RIGL Chapter 7-1.1)
- [ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
- [ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Bonnie B. Kilroy Pres.
1 Ella Terrace
Newport RI 02840

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

1 Ella Terrace
Newport RI 02840

Phone (401) 842-0463

Brief statement of the character of business conducted in Rhode Island

Restaurant / Tavern

Date of Organization: ~~Oct 1984~~ 11/27/84 CR

Date of Qualification to do business in Rhode Island (if foreign entity): ~~Oct 1984~~

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
☐ CHIEF EXECUTIVE OFFICER OR ☑ PRESIDENT (Check One)	Bonnie B. Kilroy	1 Ella Terrace	Newport RI	02840
☐ CHIEF OPERATING OFFICER OR ☐ VICE PRESIDENT (Check One)	"	"	"	"
☐ CUSTODIAN OF RECORDS OR ☑ SECRETARY (Check One)		"	"	"
☐ CHIEF FINANCIAL OFFICER OR ☑ TREASURER (Check One)		"	"	"

THE NAMES OF THE DIRECTORS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1000
CLASS Common
SERIES
PAR VALUE OR WITHOUT PAR Without Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100
CLASS Common
SERIES
PAR VALUE OR WITHOUT PAR No par value

Date Feb 8, 1994

FILED
FEB 11 1994
By CA 733

By Bonnie B. Kilroy
BONNIE B. KILROY
(PRINT OR TYPE NAME OF OFFICER SIGNING)
President
(TITLE OF OFFICER SIGNING)

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

BONNIE KILROY
1 ELLA TERRACE
NEWPORT RI 02840

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 32582 Annual Report for the year 1993

FIRST: The name of the corporation is Newport Waterfront Landing Inc

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to operate restaurant

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1 Ella Terrace Newport RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Bonnie B. Kilroy	Director	
	Director	
	Director	
Bonnie B. Kilroy	President	1 Ella Terrace
Bonnie B Kilroy	Vice President	Newport RI
Bonnie B Kilroy	Secretary	02840
Bonnie B Kilroy	Treasurer	

SEVENTH: Number of Shares authorized:

Rec'd & Filed MAR 08 1993

No of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common	CN 3644	no par value

EIGHTH: Number of Shares issued:

No of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par value

Dated Feb 18 1993

Newport Waterfront Landing Inc
(Name of Corporation)

By Bonnie B. Kilroy

Title President

(Report must be signed by an officer)

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0002592 Annual Report for the year 1992

FIRST: The name of the corporation is Newport Waterfront Landing, Inc

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is RESTAURANT / TAVERN

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1 ELLA TERRACE
NEWPORT RI 02840

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Bonnie Kilroy	President	1 ELLA TERRACE NEWPORT, RI
Bonnie Kilroy	Vice President	"
Bonnie Kilroy	Secretary	"
Bonnie Kilroy	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		No par value

PAID
MAR 19 1992
SECY OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		NO PAR value

Dated Mar 16 1992

Newport Waterfront Landing, Inc
(Name of Corporation)

By Bonnie B. Kilroy

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0032582 Annual Report for the year 1991

FIRST: The name of the corporation is Newport Waterfront Landing, Inc.

SECOND: It is incorporated under the laws of State of Rhode Island

THIRD: Character of business, briefly stated, is to operate as a restaurant business

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 30 Bowans Wharf, Newport, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Bonnie Kilroy	President	1 Ella Terrace, Newport, RI
Bonnie Kilroy	Vice President	1 Ella Terrace, Newport, RI
Bonnie Kilroy	Secretary	1 Ella Terrace, Newport, RI
Bonnie Kilroy	Treasurer	1 Ella Terrace, Newport, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
none			

Dated January 15, 19 91

Newport Waterfront Landing, Inc.
(Name of Corporation)

By Bonnie B. Kilroy

(Report must be signed by an officer)

Title President

Form 31 1/85

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0032582 Annual Report for the year 1990

FIRST: The name of the corporation is Newport Waterfront Landing, Inc.

SECOND: It is incorporated under the laws of State of Rhode Island

THIRD: Character of business, briefly stated, is To operate as a restaurant Business

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 30 Bowen's Wharf Newport, RI 02840

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Bonnie Kilroy	President	1 Ella Terrace Newport RI
Bonnie Kilroy	Vice President	1 Ella Terrace Newport RI
Bonnie Kilroy	Secretary	1 Ella Terrace Newport RI
Bonnie Kilroy	Treasurer	1 Ella Terrace Newport RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		without par value

PAID
APR 12 1991
SECRETARY OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
NONE			

Dated 4/10/91 19

Newport Waterfront Landing, Inc.
(Name of Corporation)

By Bonnie B. Kilroy

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0002582 Annual Report for the year 1989

FIRST: The name of the corporation is Newport Waterfront Landing, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to operate restaurant

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island Ella Terrace, Newport, RI 02840

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Bonnie B. Kilroy	Director	Ella Terrace, Newport, RI 02840
	Director	
	Director	
Bonnie B. Kilroy	President	Ella Terrace, Newport, RI 02840
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		No Par Value

Dated February 1 19 89

Newport Waterfront Landing, Inc.
(Name of Corporation)

By Bonnie B. Kilroy

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 32582 Annual Report for the year 1988

FIRST: The name of the corporation is NEWPORT WATERFRONT LANDING, I

SECOND: It is incorporated under the laws of Rhode ISLAND

THIRD: Character of business, briefly stated, is RESTAURANT

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 30 Bowens Wharf
NEWPORT RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Bonnie B. Kilroy	President	1 Ella Terrace Newport RI
Bonnie B. Kilroy	Vice President	"
Bonnie B Kilroy	Secretary	"
Bonnie B. Kilroy	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000.	Common	1	No par value

PAID
MAR 11 1988
SEC'Y. OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No par value

Dated Feb 25 19 88

Newport Waterfront Landing Inc.
(Name of Corporation)

By Bonnie B. Kilroy

Title President

(Report must be signed by an officer)

Form 31 1/65

Filing fee: $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

32582 **Annual Report for the year** 1987

FIRST: The name of the corporation is ~~Newport~~ Leonards WATERFRONT ENTERPRISES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Restaurant

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 122 Touro Street, Newport, RI 02840

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Bonnie Kilroy	President	Ella Terrace, Newport, RI 02840
"	Vice President	" "
"	Secretary	" "
"	Treasurer	" "

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		no par

Dated: February 27 19 87

Waterfront Enterprises Inc.
(Name of Corporation)

By Bonnie Kilroy

Title Pres.

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

FORM 31 11-82

04/01/87 0157A001 CHEK ANRE 15.00 15.00

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 32582 Annual Report for the year 1987

FIRST: The name of the corporation is Newport Waterfront Landing, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is restaurant

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island c/o Bonnie Kilroy
Ella Terrace, Newport

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Bonnie Kilroy	President	Ella Terrace, Wpt, RI
"	Vice President	"
"	Secretary	"
"	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common	—	no par

PAID
FEB 26 1987
SECY OF STATE

EIGHTH: Number of Shares issued:

No of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par

Dated 11/30 1987

Newport Waterfront Landing Co.
(Name of Corporation)

X By Bonnie O. Kilroy

Title Pres

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 32582 Annual Report for the year 1986

FIRST: The name of the corporation is Newport Waterfront Landing, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Restaurant

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island ~~[illegible] 02840~~ 1 Ella Terrace Newport, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Bonnie B. Kilroy	Director	Ella Terrace, Newport, RI 02840
	Director	
	Director	
Bonnie B. Kilroy	President	Ella Terrace, Newport, RI 02840
Bonnie B. Kilroy	Vice President	Ella Terrace, Newport, RI 02840
Bonnie B. Kilroy	Secretary	Ella Terrace, Newport, RI 02840
Bonnie B. Kilroy	Treasurer	Ella Terrace, Newport, RI 02840

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		no par value

APR ~~MAR~~ 5 1986

03/14/86 PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		no par value

AMRE CHEK 0559640

Dated February 25 1986

Newport Waterfront Landing, INc.
(Name of Corporation)

By Bonnie B. Kilroy

Title president

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

INC-11/27/84

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 32582 Annual Report for the year 1985

FIRST: The name of the corporation is WATERFRONT ENTERPRISES, INC.
NEWPORT WATERFRONT LANDING, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is restaurant

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 122 Touro St., Newport, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Bonnie B. Kilroy	Director	Ella Terrace, Newport, RI
	Director	
	Director	
Bonnie B. Kilroy	President	Ella Terrace, Newport, RI
Bonnie B. Kilroy	Vice President	see above
Bonnie B. Kilroy	Secretary	see above
Bonnie B. Kilroy	Treasurer	see above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par value

RECEIVED MAR 1985

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par value

Dated February 8 1985

WATERFRONT ENTERPRISES, INC.
(Name of Corporation)

By Bonnie B Kilroy

Title president

(Report must be signed by an officer)

Form 31 1/85