



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 83183		2. Name of Corporation Good Friends, Inc.		
3. Street Address Principal Business Office 548 LONSDALE AVENUE		City CENTRAL FALLS	State RI	Zip 02863
4. Business Phone No. (401) 725-2468		5. State of Incorporation RHODE ISLAND		6. SIC Code 3095
7. Brief Description of the Character of Business Conducted in Rhode Island <b>BAR/LOUNGE</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name MARIA M. LAMAS		Vice President Name NONE		
Street Address 548 LONSDALE AVENUE		Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State RI
Secretary Name MARIA M. LAMAS		Treasurer Name MARIA M. LAMAS		
Street Address 548 LONSDALE AVENUE		Street Address 548 LONSDALE AVENUE		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name MARIA M. LAMAS		Director Name N/A		
Street Address 548 LONSDALE AVENUE		Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State
Director Name N/A		Director Name N/A		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
600 NO PAR VALUE			Number of Shares	Class/Series
			100 SHARES	COMMON
				NO PAR

SECTION 15-1-1  
 NOV 15 2005  
 PH 3:51  
 STATE  
 DIV

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



8 3 1 8 3

\*83183 DBC 11/14/05 046212  
**FILED**  
 File Date: NOV 15 2005  
 Check No. BY Kunc C82326  
 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.

*Maria M. Lamas* 11/15/05  
 Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_  
 MARIA M. LAMAS  
 Print or Type Name of Officer \_\_\_\_\_  
 PRESIDENT  
 Title of Officer \_\_\_\_\_



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 83183  
2. Name of Corporation Good Friends, Inc.  
3. Street Address Principal Business Office 548 LONSDALE AVENUE  
City CENTRAL FALLS State RI Zip 02863  
4. Business Phone No. (401) 725-2468  
5. State of Incorporation RHODE ISLAND  
6. SIC Code 3095

7. Brief Description of the Character of Business Conducted in Rhode Island  
**BAR / LOUNGE**

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

President Name MARIA M. LAMAS  
Vice-President Name NONE  
Street Address 548 LONSDALE AVENUE  
City CENTRAL FALLS State RI Zip 02863  
Secretary Name MARIA M. LAMAS  
Treasurer Name MARIA M. LAMAS  
Street Address 548 LONSDALE AVENUE  
City CENTRAL FALLS State RI Zip 02863

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

Director Name MARIA M. LAMAS  
Director Name N/A  
Street Address 548 LONSDALE AVENUE  
City CENTRAL FALLS State RI Zip 02863  
Director Name N/A  
Director Name N/A  
Street Address  
City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	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



\*83183 DBC 11/14/05 05:11:20  
**FILED**  
File Date NOV 15 2005  
Check No.  
By Kunc  
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.

Maria M. Lamas 11/15/05  
Signature of Officer Date  
MARIA M. LAMAS  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 83183		2. Name of Corporation Good Friends, Inc.	
3. Street Address Principal Business Office 548 Lonsdale Avenue		City Central Falls	State RI
4. Business Phone No.		5. State of Incorporation Rhode Island	6. SIC Code 3095
7. Brief Description of the Character of Business Conducted in Rhode Island Bar/Lounge			

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

President Name Maria G. Lamas			Vice President Name		
Street Address 548 Lonsdale Avenue			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
Secretary Name Maria G. Lamas			Treasurer Name Maria G. Lamas		
Street Address 548 Lonsdale Avenue			Street Address 548 Lonsdale Avenue		
City Central Falls	State RI	Zip 02863	City Central Falls	State RI	Zip 02863

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	No Par Value	COMMON	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 1 8 3

File Date 5-12-03  
Check No. 12012  
By: RMF  
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.

Maria G. Lamas  
Signature of Officer Date  
Maria G. Lamas  
Print or Type Name of Officer  
President  
Title of Officer



**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. **83183** 2. Name of Corporation **Good Friends, Inc.**  
3. Street Address Principal Business Office **548 LONSDALE AVE.** City **CENTRAL FALLS** State **RI** Zip **02863**  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3095**  
7. Brief Description of the Character of Business Conducted in Rhode Island **BAR/LOUNGE**

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

President Name <b>MARIA G. LAMAS</b>	Vice President Name _____
Street Address <b>548 LONSDALE AVE.</b>	Street Address _____
City State Zip <b>CENTRAL FALLS RI 02863</b>	City State Zip _____
Treasurer Name <b>MARIA G. LAMAS</b>	Treasurer Name _____
Street Address <b>548 LONSDALE AVE.</b>	Street Address _____
City State Zip <b>CENTRAL FALLS RI 02863</b>	City State Zip _____

**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  
**600 NO PAR VALUE**  
**COMMON**

**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: **FILED**  
Check No.: **FEB 20 2002**  
By: **428092**

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.  
**Maria G. Lamas**  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_  
**MARIA G. LAMAS**  
Print or Type Name of Officer \_\_\_\_\_  
**PRESIDENT**  
Title of Officer \_\_\_\_\_



**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. **83183**      2. Name of Corporation **Good Friends, Inc.**  
3. Street Address Principal Business Office  
**548 Lonsdale Ave**      City **Central Falls**      State **RI**      Zip **02863**  
4. Business Phone No.      5. State of Incorporation **RHODE ISLAND**      6. SIC Code **3095**

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

**restaurant/lounge**

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

President Name <b>Maria Lamas</b>	Vice President Name
Street Address <b>548 Lonsdale Ave</b>	Street Address
City      State      Zip <b>Central Falls      RI      02863</b>	City      State      Zip
Secretary Name <b>Maria Lamas</b>	Treasurer Name <b>Maria Lamas</b>
Street Address <b>548 Lonsdale Ave</b>	Street Address <b>548 Lonsdale Ave.</b>
City      State      Zip <b>Central Falls      RI      02863</b>	City      State      Zip <b>Central Falls      RI      02863</b>

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

Director Name <b>Maria Lamas</b>	Director Name
Street Address <b>548 Lonsdale Ave</b>	Street Address
City      State      Zip <b>Central Falls      RI      02863</b>	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  
**600 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 1 8 3 \*

*3/5*

File Date: \_\_\_\_\_

Check No. 3756

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 \_\_\_\_\_ Date 3-1-01

**Maria Lamas**  
Print or Type Name of Officer

**President** *Maria Lamas*  
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. **83183**  
2. Name of Corporation **Good Friends, Inc.**  
3. Street Address Principal Business Office  
**548 Lonsdale Avenue**  
4. Business Phone No. **401/ 726-5816**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**restaurant/lounge**

City **Central Falls** State **RI** Zip **02863**  
6. SIC Code **3095**

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

President Name **Maria Lamas**  
Street Address **548 Lonsdale Avenue**  
City **Central Falls** State **RI** Zip **02863**  
Secretary Name **Maria Lamas**  
Street Address **548 Lonsdale Avenue**  
City **Central Falls** State **RI** Zip **02863**

Vice President Name **MARIA LAMAS**  
Street Address **548 LONSDALE AVENUE**  
City **CENTRAL FALLS** State **RI** Zip **02863**  
Treasurer Name **Maria Lamas**  
Street Address **548 Lonsdale Avenue**  
City **Central Falls** State **RI** Zip **02863**

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

Director Name **Maria Lamas**  
Street Address **548 Lonsdale Avenue**  
City **Central Falls** State **RI** Zip **02863**  
Director Name **NONE**  
Street Address  
City State Zip

Director Name **NONE**  
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
	<b>600 SHS</b>	<b>NO PAR VALUE</b>	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>100</b>	<b>common</b>	<b>no par</b>

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



\* 8 3 1 8 3 \*

File Date 1/23/00  
Check No. 3205  
By: [Signature]

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 Maria Lamas Date 1-19-00  
Print or Type Name of Officer Maria Lamas  
Title of Officer President

**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. **83183** 2. Name of Corporation **Good Friends, Inc.**  
3. Street Address Principal Business Office **548 Lonsdale Avenue** City **Central Falls** State **RI** Zip **02863**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3095**  
7. Brief Description of the Character of Business Conducted in Rhode Island **restaurant/lounge**

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

President Name <b>Maria Lamas</b>	Vice President Name <b>Maria Lamas</b>
Street Address <b>548 Lonsdale Avenue</b>	Street Address <b>548 Lonsdale Ave.</b>
City <b>Central Falls</b> State <b>RI</b> Zip <b>02863</b>	City <b>C. Falls</b> State <b>RI</b> Zip <b>02863</b>
Secretary Name <b>Maria Lamas</b>	Treasurer Name <b>Maria Lamas</b>
Street Address <b>548 Lonsdale Avenue</b>	Street Address <b>548 Lonsdale Avenue</b>
City <b>Central Falls</b> State <b>RI</b> Zip <b>02863</b>	City <b>Central Falls</b> State <b>RI</b> Zip <b>02863</b>

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

Director Name <b>Maria Lamas</b>	Director Name <b>Maria Lamas</b>
Street Address <b>548 Lonsdale Avenue</b>	Street Address <b>548 Lonsdale Ave.</b>
City <b>Central Falls</b> State <b>RI</b> Zip <b>02863</b>	City <b>C. Falls</b> State <b>RI</b> Zip <b>02863</b>
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>600 SHS NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>common</b>	<b>no par</b>

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



\* 8 3 1 8 3 \*

File Date: Feb 10, 1999  
Check No.: 0424  
By: [Signature]

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]  
Signature of Officer  
**Maria Lamas**  
Print or Type Name of Officer  
**President**  
Title of Officer

**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. **83183** 2. Name of Corporation **Good Friends, Inc.**

3. Street Address Principal Business Office **548 Lonsdale Ave** City **Central Falls** State **RI** Zip **02863**

4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3095**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Lounge/Bar**

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

President Name <b>Maria M. Lamas</b>	Vice President Name _____
Street Address <b>281 Tremont St</b>	Street Address _____
City State Zip <b>Taunton MA 02780</b>	City State Zip _____
Secretary Name <b>Maria M. Lamas</b>	Treasurer Name <b>Maria M. Lamas</b>
Street Address <b>281 Tremont St</b>	Street Address <b>281 Tremont St.</b>
City State Zip <b>Taunton MA 02780</b>	City State Zip <b>Taunton MA 02780</b>

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

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
<b>600 SHS</b>	<b>NO PAR VALUE</b>	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>common</b>	<b>no par</b>

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



File Date: 3-5-98  
Check No.: 1967  
By: Maria M. Lamas  
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

Maria M. Lamas \_\_\_\_\_  
Signature of Officer Date  
Maria M. Lamas \_\_\_\_\_  
Print or Type Name of Officer  
President \_\_\_\_\_  
Title of Officer



**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. **83183** 2. Name of Corporation **Good Friends, Inc.**  
3. Street Address Principal Business Office **548 Lonsdale Avenue** City **Central Falls** State **RI** Zip **02863**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3095**  
7. Brief Description of the Character of Business Conducted in Rhode Island **restaurant/lounge**

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

President Name <b>Maria Lamas</b> Street Address <b>548 Lonsdale Avenue</b> City State Zip <b>Central Falls RI 02863</b>	Vice President Name <b>Maria Lamas Lamas</b> Street Address <b>24 Briarwood Drive</b> City State Zip <b>Cumberland RI 02864</b>
Secretary Name <b>Maria Lamas</b> Street Address <b>548 Lonsdale Avenue</b> City State Zip <b>Central Falls RI 02863</b>	Treasurer Name <b>Maria Lamas</b> Street Address <b>548 Lonsdale Avenue</b> City State Zip <b>Central Falls RI 02863</b>

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

Director Name <b>Maria Lamas</b> Street Address <b>548 Lonsdale Avenue</b> City State Zip <b>Central Falls RI 02863</b>	Director Name <b>Maria Lamas</b> Street Address <b>24 Briarwood Drive</b> City State Zip <b>Cumberland RI 02864</b>
--	--

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 SHS</b>	<b>NO PAR VALUE</b>		<b>100</b>	<b>common</b>	<b>no par</b>

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



File Date: 3-18-97  
Check No.: 1638  
By: ICP

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.  
Maria H. Lamas 3/14/97  
Signature of Officer Date  
Maria Lamas  
Print or Type Name of Officer  
President  
Title of Officer

**PROFIT CORPORATION  
ANNUAL 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.

1. CORPORATE ID NO. 83183  
2. NAME OF CORPORATION Good Friends, Inc.  
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE  
548 Lonsdale Ave. CITY Central Falls STATE RI ZIP CODE 02863  
4. BUSINESS PHONE NO. 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 3095  
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
Restaurant/Lounge

8. NAMES AND ADDRESSES OF THE OFFICERS  
PRESIDENT NAME: Maria Gouveia Lamas  
VICE PRESIDENT NAME: Maria G. Carvalho  
STREET ADDRESS: 281 Tremont Street  
STREET ADDRESS: 24 Briarwood Dr.  
CITY: Taunton STATE MA ZIP CODE 02780  
CITY: Cumberland STATE RI ZIP CODE 02864  
SECRETARY NAME: Maria Gouveia Lamas  
TREASURER NAME: Maria Gouveia Lamas  
STREET ADDRESS: 281 Tremont Street  
STREET ADDRESS: 281 Tremont Street  
CITY: Taunton STATE MA ZIP CODE 02780  
CITY: Taunton STATE MA ZIP CODE 02780

9. NAMES AND ADDRESSES OF THE DIRECTORS  
DIRECTOR NAME: Maria Gouveia Lamas  
STREET ADDRESS: 281 Tremont Street  
CITY: Taunton STATE MA ZIP CODE 02780  
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
600 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

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.

File Date: 2/26/96  
Check No: 1260 SW  
By: CC

Signature of Officer: Maria G. Lamas  
Print or Type Name of Officer: Maria Gouveia Lamas  
Title of Officer: President  
Date: 2/26/96

For Secretary of State Use Only