

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

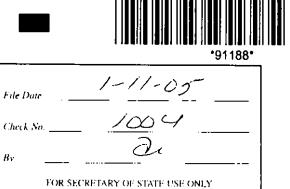
Matthew A. Brown, Secretary of State

Corporations Du ision 100 North Mann Street Providence, RI 92903-1335. 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 PR	INTED IN BLACK)				
1 Corporate ID No. 91188	2 Name of Corporate L & P REALTY				
3 Street Address Principal Busines 50 Abbott Run V	•	nit 1929	Cumberland	State R T	Zφ 02864
4 Business Phone No. 5 State of Incorporation RHODE ISLAND					6 SIC Cule 5538
TO OPERA E A RES	TAURANT BUSINESS	Rhody Island •			
8. NAMES AND ADDRESSI Posidon Name	ES OF THE OFFICER	S: ("X" BOX FOR ATTA	ACHMENT) [] FILL IN S	PACES BEFORE USIN	G ATTACHMENTS
Peter V	osdagalis			None	
Sirvet Address 50 Abbot	t Run Valley 1	Road, Unit 1929	Street Address		
Cumberland	State RI	×φ 02864	City	State	Zip
Secretary Name	11		Treasurer Name _		•
Street Address	osdagalis	· <del>·</del> ·	Street Address	er Vosdagalis	
same as	above		<u>:</u>	ne as above	
City	state	Zip	City	State	Zip
9. NAMES AND ADDRESSI	S OF THE DIRECTO	DS. ("V" BOV FOR AT	: TACHMENT)     EILLIN	 SPACES BEFORE US	INC ATTACUMENTS
Director Name	o or the binder	KO. ( A BOATOR AZ	Director Name	SPACES BEFORE CS	ING ATTACHMENTS
<u>.</u>	Peter Vosdaga	lis			
Street Address 50 Abbott Run	Valley Road, V	Jnit 1929	Street Address		
Cumberland	State RI	<sup>Zip</sup> 02864	Cu;·	State	Zip
Director Name	•••••••••••••••••••••••••••••••••••••••	•	Director Name	•••••••••••	•••••••
Street Address	· ·		Street Address	•	
Car	State	Zip	Cit)	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	O ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (** ISSUED SHARES	X" BOX FOR ATTAC	HMENT)
Number of Source	Gass Series	Par Value	Number of Shares	Class/Series	Par Vaine
1,000 NO PAR VALUE		100	common	no par value	
···					
This report must be	signed in ink by eit	her the President, Vice I	President, Secretary, Assistan	t Secretary, Treasurer	. Receiver or Trustee
I   <b>  1   1   1  </b>	18   8   8   1   1   8   1   1   8   1   1				
			Under monalty of corn	ury I declare and affirm	that I have examined this repor



Under penalty of perjury, I declare and affirm	•
including any accompanying schedules and s contained herein are yue and correct.	tatements, and that all statements
Mw Magali	3 7//01
Signiture of Officer	l' bate
Peter Vosdagalis	
Print or Type Name of Officer	
President	
Tally at OHE	

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

Corporate II) No.	2. Name of Corporation					
91188	L & P REALT	Y, INC.	<del></del>	<u> </u>		
Street Address Principal Business 202–204 South N	Office Main Street		City Woonsocket	t RI	<i>Σiρ</i> 02895	
Business Phone No.		5. State of Incorporation			G. SIC Code	
	· · · · · · · · · · · · · · · · · · ·	RHODE ISLAND	)	<u>.</u>	5538	
Bnef Description of the Chamcte TO OPERATE A RES	r of Business Conducted ( FAURANT BUSINESS	n Rhode Island 3				
NAMES AND ADDRESSE			ACHMENT)   TILL II	N SPACES BEFORE USING	ATTACHMENTS	
rsident Name			Vice President Name			
Peter Vosda	igalis			None		
rei Address			Street Address			
	th Main Stre			····		
r	State	Zip	City	State	7.(p	
Woonsocket	RI	02895				
retary Name Peter Vosdagalis			Treasurer Name Peter Vosdagalis			
Peter Vos	lagalis		: <sup>r</sup>	reter vosdagatis		
Peter Vosc	agalis —		Street Address	vosdagalis		
	-	<u>.</u>	Street Address	same as above		
same as ab	State S OF THE DIRECTO	Zip ORS: ("X" BOX FOR A	Street Address  S  Glty		Zφ NG ATTACHMEN	
Same as ab  Same as ab  NAMES AND ADDRESSE  OCTOR Name Peter Vos	State State S OF THE DIRECTO	ORS: ("X" BOX FOR A	Street Address  Glty:  TTACHMENT)   FILL	Same as above	[ '	
Same as ab  Same as ab  NAMES AND ADDRESSE  rector Name Peter Vos	State S OF THE DIRECTO	ORS: ("X" BOX FOR A	Street Address  Glty  TTACHMENT)   FILL  Director Name	Same as above	[ '	
same as ab y  NAMES AND ADDRESSE rector Name Peter Vos cet Address 202-204	State State State State State State State State	ORS: ("X" BOX FOR A	Street Address  Glty  TTACHMENT)   FILL  Director Name	Same as above	[ '	
same as aby  NAMES AND ADDRESSE  rector Name Peter Vos  cel Address 202-204  Woonsocket	State State S OF THE DIRECTO dagalis South Main St	ORS: ("X" BOX FOR A	Street Address  City  TTA CHMENT)   FILL  Director Name  Street Address  City	Same as above State IN SPACES BEFORE USIN	NG ATTACHMEN	
same as ab y  NAMES AND ADDRESSE rector Name Peter Vos cet Address 202-204	State State State State State State State State	ORS: ("X" BOX FOR A	Street Address  City  TTA CHMENT) [ FILL  Director Name  Street Address	Same as above State IN SPACES BEFORE USIN	NG ATTACHMEN	
same as aby  NAMES AND ADDRESSE rector Name Peter Vos rect Address 202-204  Woonsocket	State State State State State State State State	ORS: ("X" BOX FOR A	Street Address  City  TTACHMENT)   FILL  Director Name  Street Address  City  Director Name	Same as above State IN SPACES BEFORE USIN	NG ATTACHMEN	
same as aby  NAMES AND ADDRESSE  rector Name Peter Vos  cel Address 202-204  Woonsocket	State State State State State State State State	ORS: ("X" BOX FOR A	Street Address  City  TTA CHMENT)   FILL  Director Name  Street Address  City	Same as above State IN SPACES BEFORE USIN	NG ATTACHMEN	
same as aby  NAMES AND ADDRESSE rector Name Peter Vos rect Address 202-204  Woonsocket	State State State State State State State State	ORS: ("X" BOX FOR A	Street Address  City  TTACHMENT)   FILL  Director Name  Street Address  City  Director Name	Same as above State IN SPACES BEFORE USIN	NG ATTACHMEN	
Same as above Address  NAMES AND ADDRESSE Vector Name Peter Vos  Seel Address  Woonsocket  Nextor Name  Weet Address	State State State State State State RI	ORS: ("X" BOX FOR A	Street Address  Glty  ITACHMENT)	State  State  State	NG ATTACHMEN	
Same as aby  NAMES AND ADDRESSE rector Name Peter Vos  cel Address 202-204  Woonsocket rector Name rect Address	State	ORS: ("X" BOX FOR A	Street Address  City  TTACHMENT)	State  State  State	Zip	
Same as above same as an above same same as above same same same same same same same sam	State State South Main St State RI  State  State  **C"*********************************	2.4p   Z4p   Z4p   Z4p   TTACHMENT)	Street Address  Glty  ITACHMENT)	State  State  State  State  State  State	Zip  Zip  Zip	
Same as aby  NAMES AND ADDRESSE rector Name Peter Vos  cel Address 202-204  Woonsocket rector Name rect Address	State	ORS: ("X" BOX FOR A	Street Address  City  Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED  ISSUED SHARES  Number of Shares	State  State  State  State  State  Class/Series	Zip	
Same as above same as an above same same as above same same same same same same same sam	State State South Main St State RI  State  State  **C"*********************************	2.4p   Z4p   Z4p   Z4p   TTACHMENT)	Street Address  Glty  ITACHMENT)	State  State  State  State  State  State	Zip  Zip  Zip	
Same as aby  NAMES AND ADDRESSE rector Name Peter Vos  ver Address 202–204  Woonsocket rector Name  rect Address  y  D. SHARES AUTHORIZED JTHORIZED SHARES Jumber of Shares	State State South Main St State RI  State  State  **C"*********************************	2.4p   Z4p   Z4p   Z4p   TTACHMENT)	Street Address  City  Director Name  Street Address  City  Director Name  Street Address  City  11. SHARES ISSUED  ISSUED SHARES  Number of Shares	State  State  State  State  State  Class/Series	Zip  Zip  Par Value	

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affincluding any accompanying schedules an contained perein are true and correct.  Signature of Officer	
iknature of Officer Peter Vosdagalis	Date
Print or Type Name of Officer President	
Title of Officer	

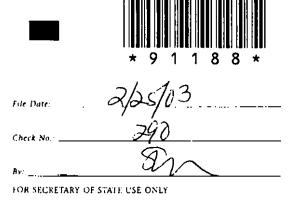
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### 2003 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

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

(FORM MUST BE TYPED OR PRI	N LED IN BLACKS				
1. Corporate ID No.	2 Name of Corpora	tion			
91188	L & P REAL	TY, INC.			
3 Street Address Principal Busine	iss Office		City	State	Zip
202-204 South 4 Business Phone No.	Main Street	5. State of Incorporation	Woonsocket	RI	02895 6. SIC Code
		RHODE ISLA	חת		5538
7 Brief Description of the Charac	ter of Business Conducted i				0000
Purchase, hold	& sell real	esta <b>te</b>			
8. NAMES AND ADDRE	ESSES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES  Vice President Name	BEFORE USING ATTAC	CHMENTS
Peter Vosdagal	is		None Street Address		
202-204 South	Main Street				
Woonsocket	State RI	<sup>Zip</sup> 02895	City	State	Zip
Secretary Name			Treasurer Name		
Peter Vosdagal	is		Peter Vosdaga	lis	
Street Address			Street Address		
Same as above			202-204 South		
City	State	Lip	City	State	Ζιρ 02895
			Woonsocket	RI	0-002
9. NAMES AND ADDRE	222F2 OF THE DIKI	ECTURS ("X" BOX FOR A	ATTACHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATTA	ACHMENIS
Peter Vosdagal	is		None		
Street Address			Street Address		
202-204 South	Main Street				
City	State	Zip	City	State	Zip
Woonsocket	RI	02895			
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Lip	City	State	Zip
10. SHARES AUTHORIZ	LED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (	"X" BOX FOR ATTACHMENT	T)
AUTHORIZED SHARES			ISSUE2) SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	Common	No Par
,			100	Common	

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

<u>Peter Vosdagalis</u>

Print or Type Name of Officer President Title of Officer

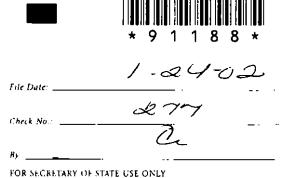
Farm 630 12/02

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 \_

Filing Period: January 1-March 1 • Filing Fee: \$50.00 FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2 Name of Corporation 91188 L & P REALTY, INC. 3. Street Address Principal Business Office 02895 RΙ Woonsocket 202-204 South Main Street 5. State of Incorporation 4 Business Phone No. 6 SIC Code 5538 **RHODE ISLAND** 7 Brief Description of the Character of Business Conducted in Rhode Island Purchase, hold & sell real estate 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name None Peter Vosdagalis Street Address 202-204 South Main Street ZipState 02895 RΙ Woonsocket Secretary Name Treasurer Name Peter Vosdagalis Peter Vosdagalis Street Address Street Address 202-204 South Main Street Same as above City State State City 02895 Woonsocket RΙ 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Peter Vosdagalis None Street Address 202-204 South Main Street City State Zip 02895 RI Woonsocket Director Name Director Name None None Street Address 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 Number of Shares Class/Series Par Value 1,000 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 deciare and affirm that I have examined this report, including any accompanying schedules and statements, and statements convained herein are true and correct. Date Peter Vosdagalis

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

# 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-Murch 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BL	rck)				
1. Corporate ID No.	2. Name of Corpora	tion			<del></del> -
91188	L&P	Realty, Inc.			
3. Street Address Principal Rusiness	Office		City	State	Zip
202-204 South Ma	in Street		Woonsocket	RI	02895
4. Business Phone No.		5. State of Incorporation			6. SIC Code 5538
(401) 769-4333  7. Brief Description of the Characte	r of Rusiness Conducted i	Rhode Islan n Rhode Island	nd		, , , , , , , , , , , , , , , , , , , ,
To hold, manage 8. NAMES AND ADDRES President Name			operate a full serv ACHMENT) FILL IN SPACES Vice President Name	vice restaurant BEFORE USING ATTA	
Peter Vosdagalis	3				
Street Address			Street Address		
50 Abbott Run Valle	y Road Unit	1929			
City	State	Zip	City	State	Zip
Cumberland	RI	02864	•		
Secretary Name			Treasurer Name		
Peter Vosdagalis		. 1000	Peter Vosdagål: Street Address	is	
50 Abbott Run Va	alley Koad Un	1t 1929	50 Abbott Run	Valley Road Uni	lt 1929
City	State	Zip	City	State	ZIp 02967
Cumberland	RI	02864	Cumberland	RI	02864
9. NAMES AND ADDRES Director Nume	SSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPACE Director Name	ES BEFORE USING AT	TACHMENTS
Peter Vosdagalis	S		Street Address		
	. 1 1 11	4 F 1020	***************************************		
50 Abbott Run Va	state Koad Un	.1E 1929 	City	State	Zip
Cumberland	RI	02864			
Director Name		•	Director Name		· · · · ·
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (	*X* BOX FOR ATTACHME	NT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	No Par Va	ılue	100		No Par Value

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

	11-1-01	
File Date:	11-1-01	
Check No.:	274	
Ву:	AMF	
FOR SECRETA	RY 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 conjained herein are true and correct.

Peter Vosdagalis 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 401-222-3040

State

Rhode Island

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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Zip

02895

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)

2 Name of Corporation

L & P REALTY, INC.

1. Corporate ID No.

91188

3. Street Address Principal Business Office

202-204 South Main Street

Peter Vosdagalis

Barbara Vosda	galis	
56 Tracey Dri	ve State	Zi
Whitinsville	MA	
10. SHARES AUTHORIZ	ED ("x" box for att	ACHMEN
AUTHORIZED SHARES		
Number of Shares	Class/Series	ra
This report must be sig	<b>med in ink</b> hy eitl	her the
	9 1 1 8 8	
	PAID	

4 Business Phone No.		5. State of Incorporati	on		6. SIC Code
401-769-4333  7. Brief Description of the Character	RHODE ISLAND  Ger of Business Conducted in Rhode Island			5538	
To hold, manage ar 8. NAMES AND ADDRESS President Name			operate a full service FACHMENT) FILL IN SPACES BER Vice President Name		
Peter Vosdagalis Street Address			None Street Address		
56 Tracey Drive	2 State	Zıp	City	State	Zip
Whitinsville Secretary Name	MA	01588	Treasurer Name		
Peter Vosdagalis Street Address			Peter Vosdagalis	•	
56 Tracey Drive	B State	Ζτρ	56 Tracey Drive	State	Zip
Whitinsville	MA	01588	Whitinsville	MA	01588
9. NAMES AND ADDRESS Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPACES B	BEFORE USING AT	TTACHMENTS

City

Woonsocket

None

Street Address Street Address 56 Tracey Drive State City State Zip Zip City 01588 MA Whitinsville Director Name Director Name None Street Address City State  $Z_{1}p$ 38210 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) T) ISSUED SHARES

ther of Shares Class/Series Par Value 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

* 9 1 1 8 8 *	Under penalty of perjury, I declare and affirm that I have examined
FEB 2 3 2000 NO	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Pelay Voseloigilis 2-28-00 Signature of Officer
SECY OF STATE	Peter Vosdagalis  Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	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 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. ON 2 Name of Corporation **1050-9492092** L & P Realty, Inc. Zip State City 3. Street Address Principal Business Office 02895 202-204 South Main Street Rhode Island Woonsocket 6. SIC Code 4. Business Phone No. 5. State of Incorporation 5538 401-769-4333 Rhode Island

7 Brief Description of the Character of Business Conducted in Rhode Island To hold, manage and sell real estate, and to operate a full service restaurant business 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name President Name None Peter Vosdagalis Street Address Street Address 56 Tracey Drive State Zip City State Zip 01588 Whitinsville MA Treasurer Name Secretary Name Peter Vosdagalis Peter Vosdagalis Street Address Street Address 56 Tracey Drive 56 Tracey Drive City State State 01588 MA 01588 Whitinsville Whitinsville MA 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Peter Vosdagalis Street Address Street Address 56 Tracey Drive Zip State City Zip City State Whitinsville MA 01588 Director Name Director Name Barbara A. Vosdagalis Street Address Street Address 56 Tracey Drive  $Z_{ip}$ City City State Zip Whitinsville MA 01588 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Class/Series Par Value Class/Series Par Value Number of Shares

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

no par value

100

	Var. 25. (	PAID 25332
File Date:	244	JAN 2 5 1999
Check No		SEC'Y OF STATE
FOR SECRETARY OF	F STATE USE ONLY	

common

1000

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

common

no par value

Peter Vosdagali 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 101-277-3040



## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLAC	(K)				
1. Corporate ID No.	, 2. Name of Corporati	ion			
05-0492792 1 5 8 3. Street Address Principal Business (		alty, Inc.	City	State	Zip
202-204 South Mair H. Business Phone No.	n Street	5. State of Incorporation	Woonsocket	Rhode Island	02895 6 SIC Code
401-769-4333  7. Brief Description of the Character	of Business Conducted in	Rhode Island			5538
To hold, manage a  8. NAMES AND ADDRESS  President Name			operate a full ser (MENT) Vice President Name	vice restaurant b	ousiness.
Peter Vosdagalis Street Address			None Street Address		
56 Tracey Drive					
City	State	Zip	City	State	Zip
Whitinsville Secretary Name	MA	01588	Treasurer Name		
Peter Vosdagalis			Peter Vosdagali Street Address	s	
56 Tracey Drive	State	Zip	56 Tracey Drive	: State	Zip
Whitinsville 9. NAMES AND ADDRESS	MA SES OF THE DIRE	01588 CTORS ("X" BOX FOR ATTA	Whitinsville CHMENT)	MA	01588
Director Name			Director Name		
Peter Vosdagalis			None Street Address		
56 Tracey Drive  City  Whitinsville	State	zip 01588	City	State	Zip
Duector Name	MA	01366	Director Name		
Barbara A. Vosdag	galis		Street Address		
56 Tracey Drive	State	Zip	City	State	Zip
Whitinsville	MA	01588			
10. SHARES AUTHORIZEI	D ("X" BOX FOR ATTA	ACHMENT)	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
1000	Comm	no 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

	2.12.98
File Date: ,	179 175
Check No.:	
Bv	10P
FOR SECRE	TARY 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

Signature of Officer

Peter Vosdagalis 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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 1. Corporate ID No. 05-0492792

2 Name of Corporation

L & P Realty, Inc.

3. Street Address Principal Business Office City State Zip 02895 202-204 South Main Street Woonsocket Rhode Island

	ocreet		oomoockee		02075
4. Business Phone No.		5. State of Incorporation			6 SIC Code
(401) 769-4333		Rhode Islan	d		5538
7. Brief Description of the Character					
To hold, manage a	and sell rea	l estate, and to	operate a full servi	ce restaurant b	ousiness.
8. NAMES AND ADDRESS	SES OF THE OFF	ICERS ("X" BOX FOR ATTAC	HMENT)		
President Name			Vice President Name		
Peter Vosdagalis			Nône		
Street Address			Street Address		
56 Tracey Drive					
City	State	Zip	City	State	Zip
Whitinsville	MA	01588			
Secretary Name			Treasurer Name		
Peter Vosdagalis			Peter Vosdagalis		
56 Tracey Drive	State	Zip	56 Tracey Drive	State	Zip
Whitinsville	MA	01588	Whitinsville	MA	01588
9. NAMES AND ADDRESS	SES OF THE DIR	FOTORS (*X* ROX FOR ATT	ACHMENT)		
Director Name		DON TON ATT	Director Name		
Potor Vondonalia			Nome		
Peter Vosdagalis			None Street Address		•
56 Tracey Drive					
City	State	Zip	City	State	71p
Whitinsville	MA	01588			
Director Name	rin.	01500	Director Name	•	
Barbara A. Vosdaga	alie		None		
Street Address	1113		Street Address		
56 Tracey Drive					
City	State	Zip	City	State	Zip
Whitinsville	MA	01588			
10. SHARES AUTHORIZE					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	Common	no 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

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ile Date:		<u>',                                    </u>	
lieck No	146	; //	
y	14	Mer	
OR SECRETAR	RY OF STATE USE O	ONFA :	

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.

Peter Vosdagal¥s Print or Type Name of Officer

President

litle of Officer