



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. 60798		2. Name of Corporation BRICK OVEN RESTAURANT OF ASHAWAY, INC.		
3. Street Address Principal Business Office 208 Main ST.		City ASHAWAY	State R.I.	Zip 02804
4. Business Phone No. 401-377-2230		5. State of Incorporation RHODE ISLAND		6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island FAMILY STYLE RESTAURANT				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name KEITH L. KNOTT		Vice President Name		
Street Address 28060 Richmond Town House Rd		Street Address		
City CAROLINA	State R.I.	Zip 02812	City	State Zip
Secretary Name Eva P. Latt		Treasurer Name		
Street Address 450 Saugate Rd.		Street Address		
City Pawtucket	State R.I.	Zip 02883	City	State Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address None		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) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES 600 NO PAR		ISSUED SHARES NONE		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series Par Value
600 COMM NO PAR VALUE				

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



File Date	1-25-05
Check No.	5424
By:	a
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  
KEITH L. KNOTT  
Date  
1/19-2005  
Print or Type Name of Officer  
President  
Title of Officer



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

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 60798		2. Name of Corporation BRICK OVEN RESTAURANT OF ASHAWAY, INC.			
3. Street Address Principal Business Office 209 Main St.		City Ashaway		State R.I.	Zip 02804
4. Business Phone No. 401-377-2230		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island FAMILY STYLE RESTAURANT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KEITH L. KNOTT			Vice President Name Eva Platt		
Street Address 28 OLD RICHMOND TWHS Rd.			Street Address 450 Saugatucket Rd.		
City Carolina	State R.I.	Zip 02812	City Peacedale	State R.I.	Zip
Secretary Name			Treasurer Name SAME ↑ Eva Platt		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			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) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE			NONE		

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



\* 6 0 7 9 8 \*

File Date RECEIVED  
Check No. JAN 22 2004  
By: EV  
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 Keith L. Knott Date 1/20/04  
Print or Type Name of Officer KEITH L. KNOTT  
Title of Officer President



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

60798

2. Name of Corporation

BRICK OVEN RESTAURANT OF ASHAWAY, INC.

3. Street Address Principal Business Office

209 Main ST

City

Ashaway

State

R.I.

Zip

02804

4. Business Phone No.

401-377-2230

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3079

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

Full Service Restaurant

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

KEITH L. KNOTT

Vice President Name

Street Address

28 OLD RICHMOND TOWNS RD.

Street Address

City

Carolina

State

R.I.

Zip

02812

City

State

Zip

Secretary Name

Eva PLATT

Treasurer Name

Eva PLATT

Street Address

450 Saugatucket Rd.

Street Address

City

Peacedale R.I.

State

Zip

City

State

Zip

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

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

600 COMM NO PAR VALUE

Number of Shares

Class/Series

Par Value

None



\* 6 0 7 9 8 \*

File Date: 1-14-03

Check No.: 3804

By: Ke

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.

Keith L. Knott 1/13/03  
Signature of Officer Date

KEITH L. KNOTT  
Print or Type Name of Officer

President  
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 60798 2. Name of Corporation BRICK OVEN RESTAURANT OF ASHAWAY, INC.  
3. Street Address Principal Business Office 209 Main St. Box 380 City Ashaway State R.I. Zip 02804  
4. Business Phone No. 401 377-2230 5. State of Incorporation RHODE ISLAND 6. SIC Code 3079

7. Brief Description of the Character of Business Conducted in Rhode Island  
Restaurant, Food Service

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

President Name KEITH L. KNOTT Vice President Name \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secretary Name Eva Platt Treasurer Name Eva Platt

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ 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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

AUTHORIZED SHARES \_\_\_\_\_ AUTHORIZED SHARES \_\_\_\_\_

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

600 COMM NO PAR VALUE None

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

ISSUED SHARES \_\_\_\_\_ ISSUED SHARES \_\_\_\_\_

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

None

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

File Date: 1-15-02  
2900

Check No.: \_\_\_\_\_

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.

Keith L. Knott 1/10/02  
Signature of Officer Date

KEITH L. KNOTT  
Print or Type Name of Officer

President  
Title of Officer

\_\_\_\_\_



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

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.  
**60798**

2. Name of Corporation  
**BRICK OVEN RESTAURANT OF ASHAWAY, INC.**

3. Street Address Principal Business Office

**209 Main St.**

City

**Ashaway**

State

**R.I.**

Zip

**02804**

4. Business Phone No.

**401-377-2230**

5. State of Incorporation  
**RHODE ISLAND**

6. SIC Code  
**5879**

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

**Family Style Restaurant**

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

President Name

**KEITH L. KNOTT**

Vice President Name

**Eva M. Platt**

Street Address

**280LD RICHMOND TWHS RD**

Street Address

**450 Saugatucket Rd.**

City

**Carolina R.I.**

Zip

**02812**

City

**Peace Dale R.I.**

State

Zip

**02812**

Secretary Name

**Eva Platt**

Treasurer Name

Street Address

**Same**

Street Address

City

State

Zip

City

State

Zip

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

Director Name

**NONE**

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 COMM NO PAR VALUE**

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**NONE**

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



\* 6 0 7 9 8 \*

File Date: 1/18

Check No.: 1968

By: cc

FOR SECRETARY OF STATE USE ONLY

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

Keith L. Knott 1/8/01  
Signature of Officer Date

KEITH L. KNOTT  
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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **60798** 2. Name of Corporation **BRICK OVEN RESTAURANT OF ASHAWAY, INC.**  
3. Street Address Principal Business Office **209 Main St** City **Ashaway** State **R.I.** Zip **02804**  
4. Business Phone No. **401-377-2230** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

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

**Restaurant**

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

President Name **Keith L. Knott** Vice President Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Secretary Name **Eva Platt** Treasurer Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City **Peace Dale** State **R.I.** Zip **02883** 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 SHS NO PAR COM**

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

ISSUED SHARES

Number of Shares Class/Series Par Value

**NONE**

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



\* 6 0 7 9 8 \*

File Date: **1/17/00**

Check No.: **1012**

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.

**Keith L. Knott** **1/9/2000**  
Signature of Officer Date

**KEITH L. KNOTT**  
Print or Type Name of Officer

**Pres.**  
Title of Officer



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

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

**60798**

2. Name of Corporation

**BRICK OVEN RESTAURANT OF ASHAWAY, INC.**

3. Street Address Principal Business Office

**209 Main ST.**

City

**Ashaway**

State

**R.I.**

Zip

**02804**

4. Business Phone No.

**401-377-2230**

5. State of Incorporation

**RHODE ISLAND**

6. SIC Code

**3079**

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

**Restaurant**

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

President Name

**KEITH L. KNOTT**

Vice President Name

Street Address

**28 OLD RICHMOND TOWNS RD**

Street Address

City

**Carolina**

State

**R.I.**

Zip

**02812**

City

State

Zip

Secretary Name

**Eva Platt**

Treasurer Name

**Eva Platt**

Street Address

**450 SAUGA TACKET RD.**

Street Address

City

**Peace Dale**

State

**R.I.**

Zip

City

State

Zip

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

Director Name

Street Address

**NONE**

Director Name

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 SHS NO PAR COM**

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**NONE**

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



\* 6 0 7 9 8 \*

File Date:

**Jan 20, 99**  
**3825**

Check No.:

By:

**ID.**

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.

**Keith L. Knott**  
Signature of Officer

**1/16/99**  
Date

**KEITH L. KNOTT**  
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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

60798

2. Name of Corporation

BRICK OVEN RESTAURANT OF ASHAWAY, INC.

3. Street Address Principal Business Office

209 Main St. Box 380

City

Ashaway

State

R.I.

Zip

02804

4. Business Phone No.

401-377-2230

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3079

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

Restaurant

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

President Name

Keith Knott

Vice President Name

Eva Platt

Street Address

Street Address

28 Old Richmond Twits Rd

450 Sauga Tucket Rd

City

State

Zip

Carolina R.I. 02812

City

State

Zip

Peacedale R.I. 02883

Secretary Name

Eva Platt

Treasurer Name

Street Address

Street Address

Same

City

State

Zip

City

State

Zip

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

Director Name

None

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 SHS NO PAR COM

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

0

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



\* 6 0 7 9 8 \*

File Date:

2-6-98

Check No.:

2792

By:

10P

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

Keith L. Knott

12/20/98

Date

Print or Type Name of Officer

KEITH L. KNOTT

Title of Officer

President





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

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



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>60798</b>		2. Name of Corporation <b>BRICK OVEN RESTAURANT OF ASHAWAY, INC.</b>	
3. Street Address Principal Business Office <b>209 Main St.</b>		City <b>Ashaway</b>	State <b>R.I.</b>
4. Business Phone No. <b>401-377-2230</b>		6. SIC Code <b>3079</b>	
5. State of Incorporation <b>RHODE ISLAND</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Restaurant</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name <b>KEITH L. KNOTT</b>		Vice President Name <b>NONE</b>	
Street Address <b>28 OLD RICHMOND TOWNS RD.</b>		Street Address	
City <b>Carolina</b>	State <b>R.I.</b>	City	State
Zip <b>02812</b>		Zip	
Secretary Name <b>Eva M. Platt</b>		Treasurer Name <b>Eva M. Platt</b>	
Street Address <b>450 Saugatucket Rd.</b>		Street Address	
City <b>Peace Dale</b>	State <b>R.I.</b>	City	State
Zip <b>02883</b>		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name <b>NONE</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>600 SHS NO PAR COM</b>		<b>200</b>	<b>Common - No Par</b>

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



\* 6 0 7 9 8 \*

File Date: **1/17/97**  
Check No.: **1845**  
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: **Keith L. Knott** Date: **[Signature]**  
Print or Type Name of Officer: **KEITH L. KNOTT**  
Title of Officer: **President**

**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 0060798  
2 NAME OF CORPORATION Brick Oven Restaurant of Ashaway, INC.  
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE 209 Main Street  
CITY Ashaway STATE R.I. ZIP CODE 02804  
4 BUSINESS PHONE NO 401-377-2230  
5 STATE OF INCORPORATION R.I.  
6 S.C. CODE 3079  
7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Restaurant

**8. NAMES AND ADDRESSES OF THE OFFICERS**

PRESIDENT NAME KEITH L. KNOTT  
VICE PRESIDENT NAME NONE  
STREET ADDRESS 28 OLD RICHMOND TOWNS Rd.  
CITY RICHMOND STATE R.I. ZIP CODE 02812  
SECRETARY NAME ERA M. PLATT  
STREET ADDRESS 450 SAUGATUCKET Rd.  
CITY PEACE Dale STATE R.I. ZIP CODE 02883  
TREASURER NAME ERA M. PLATT  
STREET ADDRESS 450 SAUGATUCKET Rd.  
CITY PEACE Dale STATE R.I. ZIP CODE 02883

**9. NAMES AND ADDRESSES OF THE DIRECTORS**

DIRECTOR NAME NONE  
STREET ADDRESS NONE  
CITY NONE STATE NONE ZIP CODE NONE  
DIRECTIONS NAME NONE  
STREET ADDRESS NONE  
CITY NONE STATE NONE ZIP CODE NONE

**10. SHARES AUTHORIZED AND ISSUED**

NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
600	COMMON - No Par		200	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:

8/23/96

Check No:

1454

By:

LC

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

Keith L. Knott

Print or Type Name of Officer

KEITH L. KNOTT

Title of Officer

President

8/23/96  
Date



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

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.

1995

Corporate ID: 0060798 Annual Report for the year:

Name of Corporation: Brick Oven Restaurant of Ashaway, Inc.

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

Business Entity is (check one):

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

[X] 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

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

209 Main Street

Ashaway, Rhode Island 02804

Phone: (401) 377-2230

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Keith L. Knott	28 Old Richmond Town House Rd,	Carolina; R.I.	02812
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
None			
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Eva M. Platt	450 Saugatucket Road,	Peace Dale, R.I.	02883
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Eva M. Platt	450 Saugatucket Road,	Peace Dale, R.I.	02883

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
None			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
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

600

Common - No Par

Number of Shares

Class / Series

200

Common - No Par

Date 2/22/95

By:

Eva M. Platt

PRINT OR TYPE NAME OF OFFICER SIGNING

Secretary & Treasurer

TITLE OF OFFICER SIGNING

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.

JOHN V. MCCLOSKEY  
110 MAIN STREET  
WAKEFIELD RI 02879

FILED  
FEB 23 1995  
BY [Signature]

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: 0060798 Annual Report for the year: 1994

Name of Business Entity: BRICK OVEN RESTAURANT OF ASHAWAY, INC.

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

~~For foreign entity, address and telephone number of principal office.~~

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

Phone: ( )

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

209 Main Street  
Ashaway, Rhode Island 02804

Phone: ( 401 ) 377-2230

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:

Keith L. Knott, President  
28 Old Richmond Town House Road  
Carolina, RI 02812

Brief statement of the character of business conducted in Rhode Island:  
Restaurant

Date of Organization: 6-15-90

Date of Qualification to do business in Rhode Island (if foreign entity).

THE NAMES OF THE OFFICERS ARE:

☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (Check One)  
Keith L. Knott 28 Old Richmond Town House Rd., Carolina, R.I. 02812

☐ CHIEF OPERATING OFFICER OR ☒ TREASURER (Check One)  
None

☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (Check One)  
Eva M. Platt 450 Saugatucket Road, Peace Dale, R.I. 02883

☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (Check One)  
Eva M. Platt 450 Saugatucket Road, Peace Dale, R.I. 02883

THE NAMES OF THE DIRECTORS ARE:

None

None

None

NUMBER OF SHARES AUTHORIZED (If Applicable) 600

NUMBER 600

CLASS Common

SERIES -----

PAR VALUE OR No Par  
WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 200

CLASS Common

SERIES -----

PAR VALUE OR No Par  
WITHOUT PAR

Date 12/30 19 94

By: Eva M. Platt

Eva M. Platt

PRINT OR TYPE NAME OF OFFICER SIGNING

Secretary & Treasurer

TYPE 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.

FILED

FEB 23 1995

By

4695

332376  
State of Rhode Island and Providence Plantations

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

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 332376 Annual Report for the year 1993

FIRST: The name of the corporation is BRICK OVEN RESTAURANT OF ASHAWAY, 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 209 Main Street  
Hopkinton, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Keith L. Knott

President

28 Old Richmond Town House Road  
Carolina, Rhode Island 02812

Vice President

Eva M. Platt

Secretary

450 Saugatucket Road  
Peace Dale, Rhode Island 02883

Eva M. Platt

Treasurer

450 Saugatucket Road  
Peace Dale, Rhode Island 02883

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

Common

No Par

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

200

Common

No Par

Dated 12/14/93

Brick Oven Restaurant of Ashaway, Inc.

(Name of Corporation)

By

(Report must be signed by an officer)

Title

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

059412

Corporate ID 0260733

Annual Report for the year 1992

FIRST: The name of the corporation is BRICK OVEN RESTAURANT OF ASHAWAY, 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 209 Main Street  
Hopkinton, Rhode Island

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Keith L. Knott	President	28 Old Richmond Town House Road Carolina, Rhode Island 02812
	Vice President	
Eva M. Platt	Secretary	450 Saugatucket Road Peace Dale, Rhode Island 02883
Eva M. Platt	Treasurer	450 Saugatucket Road Peace Dale, Rhode Island 02883

SEVENTH: Number of Shares authorized:

No. of Shares	Class
600	Common

Series

PAID

DEC 31 1992

Par Value  
or statement that  
shares are without  
par value

No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class
200	Common

Series

SECY OF STATE

Par Value  
or statement that  
shares are without  
par value

No Par

Dated 12/29/92

Brick Oven Restaurant of Ashaway, Inc.

(Name of Corporation)

By [Signature]

Title [Signature]

(Report must be signed by an officer)

909 9/13

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.....

Annual Report for the year 1991

FIRST: The name of the corporation is ERICK OWEN RESTAURANT OF ASHAWAY, 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 209 Main Street  
Hopkinton, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Keith L. Knott

President

28 Old Richmond Town House Road  
Carolina, Rhode Island 02812

Vice President

Eva M. Platt

Secretary

450 Saugatucket Road  
Peace Dale, Rhode Island 02883

Eva M. Platt

Treasurer

450 Saugatucket Road  
Peace Dale, Rhode Island 02883

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

600

Common

PAID

No Par

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

200

Common

DEC 31 1992  
SECY OF STATE

No Par

Dated 12/24/92 1992

Brick Oven Restaurant of Ashaway, Inc.

(Name of Corporation)

By

Title

(Report must be signed by an officer)