

FOR SECRETARY OF STATE USE ONLY

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 |

Form 630 Rev. 12/03

Matthew A. Brown, Secretary of State

PROFIT COR! Filling Period: January (FORM MUST HE TYPED OF	1 - March 1 • F	NNUAL REPOR	RT FOR THE YEAR	200	05
1. Corporate ID No	2. Name of Corpore	tton			
60798	, ,	RESTAURANT OF ASH	AWAY. INC.		
	isiness Office ST.		as Haway	State R.I.	02804
4 Business Phone No.	1-1230	5. State of Incorporation			6 SIC Code
7 Brief Description of the Che FAMILY STYLE RE	ameter of Business Conducted	RHODE ISLANI In Rhode Island	D		3079
8. NAMES AND ADDRI President Name KEITH Street Address 28 OLD RIC Cato Lina Secretary Name Eva PL	ESSES OF THE OFFICE	RS: ("X" BOX FOR AT	TACHMENT) FILL IN SI	PACES BEFORE USIN	NG ATTACHMENTS
President Name KKITH (L. Knot		Vice P res ident Name		
Sirvei Address	11-11-11	HansaRd	Street Address		
LYOLD NIC	HMONA I POW N	Touse No	: City	State	Zip
CaroLina	· R, ±.	02812			
Era P.L.	aH		Treasurer Name		
Street Address	gatuckt Ro		Sirvet Address		
City On and ale	State D T	Zip 02 8 83	City	State	Zip
9. NAMES AND ADDRI	ESSES OF THE DIRECT	ORS: ("X" BOX FOR A	: A <i>ttachment)</i>	 SPACES BEFORE US	ING ATTACHMENTS
Director Name			Director Name		
Sinvi Address	NON	2	Street Address		
City	Stute	Zip	Guy	State	ZIP
Director Name			Director Name		
Sincet Address	<u></u>		Street Address		
City		· T			
City	State	Zip	Gity	State	Zip
10. SHARES AUTHORI AUTHORIZED SHARES			11. SHARES ISSUED ("		HMENT) 🗌
Number of Shares	Clussifieries	Par Value	Student of Shares Number of Shares	Class/Series	Par Value
600 COMM NO PAR V	/ALLIE				
000 COMMINO PAR V	ALUC				
 					
This report mu	ist be signed in ink by	either the President, Vic	e President, Secretary, Assistan	t Secretary, Treasurer	r, Receiver or Trustee
•					that I have examined this repo
File Date	1-25-0	5	contained herein area		tatements, and that all statements.
Check No.	5424	_	Signature of Officer	L. KNATI	Pare Date
Ву:	<u>a</u>	_	Print or Type Name of	Officer	



FOR SECRETARY OF STATE USE ONLY

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

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

60798 BRICK OVEN RESTAURANT OF ASHAWAY, INC. 109 Main st. City Ashaway R. I. Zip 2861		PRINTED IN BLACK)				
The Address Principal Business Office OF Minimus 1. OF MINIMUS 1. Alternary OF NO 1-377-2230 State of Incorporation STOP 1. 3079 STOP OF 377-2230 State of Incorporation STOP OF 377-2230 STANDA STOP OF ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) "FILL IN SPACES BEFORE USING ATTACHMENTS" AMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) "FILL IN SPACES BEFORE USING ATTACHMENTS" AND STOP Address STOP ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) "FILL IN SPACES BEFORE USING ATTACHMENTS" AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) "FILL IN SPACES BEFORE USING ATTACHMENTS" STOP ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) "FILL IN SPACES BEFORE USING ATTACHMENTS" STOP ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) "FILL IN SPACES BEFORE USING ATTACHMENTS" STOP ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) "FILL IN SPACES BEFORE USING ATTACHMENTS" STOP ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) "FILL IN SPACES BEFORE USING ATTACHMENTS" TO ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) "FILL IN SPACES BEFORE USING ATTACHMENTS" STOP ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) "FILL IN SPACES BEFORE USING ATTACHMENTS" TO ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) "FILL IN SPACES BEFORE USING ATTACHMENTS" TO ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) "FILL IN SPACES BEFORE USING ATTACHMENTS" TO ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) "FILL IN SPACES BEFORE USING ATTACHMENTS" TO ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) "FILL IN SPACES BEFORE USING ATTACHMENTS" TO ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) "FILL IN SPACES BEFORE USING ATTACHMENTS" TO ADDRESSES BEFORE USING ATTACHMENTS TO ADDRESSES BEFORE USING ATTACHMENTS STOP ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) "FILL IN SPACES BEFORE USING ATTACHMENTS TO ADDRESSES BEFORE USING ATTACHMENTS TO ADDRESSES BEFORE USING ATTACHMENTS TO ADDRESSES BEFORE USING ATTAC	Corporate ID No	' '				
Some formers of minimum and programments of the control of minimum and programments of the opticers: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS of the programment of minimum and programments of the opticers			<u> LESTAURANT OF ASHA</u>	T .	I State	Zip
Some formers of minimum and programments of the control of minimum and programments of the opticers: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS of the programment of minimum and programments of the opticers	09 Mais	st:		ashaway	$\mathbb{R}.\mathcal{I}.$	02801
TAMILY STYLE RESTAURANT IAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS does name from Na	usiness Phone No.		5. State of Incorporation			
TADDESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS WE PRESENT NAME AMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS WE PRESENT NAME AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS WE PRESENT NAME AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS WE Address SITTER ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS WE ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS WE Address SITTER ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS WE ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS WE ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS WE ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS WE ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS WE ADDRESSED WITH ADDRESSES WE ADDRESSED WE ADDRES	401-377	<u>- 2230 </u>	RHODE ISLAND			3079
The president Name Street Address Street Address Street Address			1 Rbode Island		<u>-</u>	
Vice President Name	AMES AND ADDRES	SES OF THE OFFICER	S: ("X" BOX FOR ATT	ACHMENT)	SPACES BEFORE USIN	G ATTACHMENTS
Address 2 8 OLD RICHMOND TWHS RD. 28 OLD RICHMOND TWHS RD. 210 O 28 (2 Peace Date R. I. Zip Treasurer Name Street Address	dent Name	,		Vice President Name		• •
Treasurer Name Since Zip City State Zip IAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS LITERATURE State Zip City State Zip SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) T1. SHARES ISSUED ("X" BOX FOR ATTACHMENT) HORIZED SHARES LISSUED SHARES LISSUED SHARES LISSUED SHARES Class/Series Par Value O COMM NO PAR VALUE No N C	KEITH	C. KNOTT		Eva Pla		
Treasurer Name Since Zip City State Zip IAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS LITERATURE State Zip City State Zip SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) T1. SHARES ISSUED ("X" BOX FOR ATTACHMENT) HORIZED SHARES LISSUED SHARES LISSUED SHARES LISSUED SHARES Class/Series Par Value O COMM NO PAR VALUE No N C	Address	.ii + .	100	Street Address	+ 11 + 6	ם כ
Treasurer Name Address Since Zip City State Zip	K 8 OLD KI	=17 MOND /WA	15 Na.	: 450 Saug	aluckern	122
Treasurer Name Address Since Zip City State Zip	arolina	State R. I.	02812	Pracedale	State R. I.	Z·P
State Zip City State Zip AMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS for Name Director Name Director Name Address State Zip City State Zip SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) HORIZED SHARES STATE STATE STATE STATE STATE DIRECTOR NAME State Zip City State Zip SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) HORIZED SHARES DIRECTOR NAME State Zip City State Zip SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 12. SHARES SOURCE Address City State Zip SHARES CITY STATE City State Zip SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 12. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 13. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 14. SHARES ISSUED ("X" BOX FOR ATTA	· · · · · · · · · · · · · · · · · · ·		1	Treasurer Name		
State Zip City State Zip AMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS for Name NONC Note Note Note Note Note Note Note Note Address State Zip City State Zip Tor Name Note Note Note Note Note Note State Zip City State Zip SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES INCRINCED SHARES ISSUED SHARES Note Note Note Note Note Note Note OCOMM NO PAR VALUE No N C					Jame. 1	<u> </u>
State Zip City State Zip AMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS for Name NUNCLOR Name Director Name State Zip City State Zip Tor Name Director Name Address State Zip City State Zip State Zip City State Zip State Zip City State Zip SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) HORIZED SHARES BISUED SHARES ISSUED SHARES BISUED SHARES Class/Series Par Value Nomber of Shares Class/Series Par Value No NC COMM NO PAR VALUE No NC COMM NO PAR VALUE No NC COMM NO PAR VALUE No NC No NC Communication No NC COMM NO PAR VALUE No NC Communication NC Communication No	Address			Street Address CIIA	Platt	
AMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS DIrector Name Address						
Address Sirect Address Sirect Address Since Zip Director Name Director Name Director Name Director Name State Zip SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10RIZED SHARES BORT OF Shares Class/Series Par Value DIRECTOR Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value		State	Zip	City	State	Zip
Director Name Street Address Street Address	AMES AND ADDRES	 	NE CENT BOY FOR A	: Tracuarenti - D sini a	N CDACES BEFORE HE	INC ATTACHMENTS
Address Sirect Address Sirect Address State Zip Director Name Director Name State Zip SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES ISSUED SHARES Der of Shares Class/Series Par Value O COMM NO PAR VALUE O COMM NO PAR VALUE DO NO C		SES OF THE DIRECTO	yes: (x hox low y		N SPACES BEFORE US	ING ATTACHMENTS
State Zip City State Zip Director Name Director Name Strate Zip State Zip City State Zip State Zip State Zip State Zip State Zip SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED SHARES Ber of Shares Class/Series Par Value DICOMM NO PAR VALUE 1. Number of Shares Class/Series Par Value		11.1 11				
State Zip City State Zip SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) HORIZED SHARES ISSUED SHARES	Address	74042		Street Address		
State Zip City State Zip SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) T1. SHARES ISSUED ("X" BOX FOR ATTACHMENT) HORIZED SHARES ISSUED SHARES						
State Zip SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 1. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 1. SSUED SHARES BOTH OF Shares Class/Series Par Value Number of Shares Class/Series Par Value O COMM NO PAR VALUE		State	Zip	City	State	Zip
State Zip SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 15. SHARES FOR OF Shares ISSUED SHARES FOR OF Shares Class/Series Par Value Number of Shares Class/Series Par Value O COMM NO PAR VALUE			J	•		
SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) HORIZED SHARES ISSUED SHARES ber of Shares Class/Series Par Value O COMM NO PAR VALUE No NC	tor Name			Director Name		
SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) HORIZED SHARES ISSUED SHARES IDEA of Shares Class/Series Par Value O COMM NO PAR VALUE Number of Shares NO NC	4.4.4			<u> </u>		
SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 15. SISUED SHARES SISUED SHARES O COMM NO PAR VALUE 10. Number of Shares 11. Class/Series 12. Par Value 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 12. SHARES ISSUED ("X" BOX FOR ATTACHMENT ("X" BOX FOR ATTACH	1 Audress			Sireel Address		
SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) HORIZED SHARES ber of Shares ISSUED SHARES ber of Shares Class/Series Par Value D COMM NO PAR VALUE No NO C		State	Zφ	City	State	Zip
HORIZED SHARES ber of Shares Class/Series Par Value Number of Shares Class/Series Par Value NO NC						
ber of Shares Class/Series Par Value Number of Shares Class/Series Par Value COMM NO PAR VALUE	SHARES AUTHORIZ	ED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACI	HMENT)
COMM NO PAR VALUE _ NONC						
	her of Shares	Class/Senes	Par Value	Number of Shares	Class/Scries	Par Value
	COMM NO PAR VA	I IIE		NAME		
	TOTAL TAK TA			10010		
	00 COMM NO PAR VA	LUE		NONC		
	•		•••			
		2118 CINC SENI 18618 1844 1844 1844 1844	41			
			11			
Under penalty of perjury. I declare and affirm that I have examined this						
including any accompanying schedules and statements, and that all statements.		—6 0 7 9 8 ·	 	including any accor	mpanying schedules and st	
including any accompanying schedules and statements, and that all statements are true and correct.		—6—0—7—9—8—1	 	including any accor	mpanying schedules and st	atements, and that all sta
including any accompanying schedules and statements, and that all statements contained herein are true and corregt.		—6—0—7—9—8 →	 -	including any accordinated herein and	mpanying schedules and stee true and corregt.	atements, and that all sta
including any accompanying schedules and statements, and that all statements contained herein are true and corregt. Date		-6-0-7-9-8-7 	 	including any accordinated herein and	mpanying schedules and stee true and corregt.	atements, and that all sta
including any accompanying schedules and statements, and that all statements are true and correct. Date		2.2.2004	 - ₁ 3	including any accordinated herein and solution of Officer	mpanying schedules and size true and correct. L. Knath H. L. Knoth	atements, and that all sta
including any accompanying schedules and statements, and that all statements contained herein are true and corregt.		2 2 2004 ///O		sincluding any accordinated herein and signature of Officer Print or Type Name	mpanying schedules and size true and correct. L. Kratt H. L. Knott of Officer	atements, and that all sta

Title of Officer

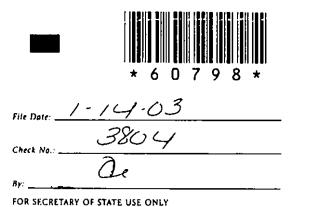
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401-222-3040

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) J. Corporate ID No. 2. Name of Corporation 60798 BRICK OVEN RESTAURANT OF ASHAWAY, INC. 3. Street Address Principal Business Office Main ST 6. SIC Code 7. Brief Description of the Character of Business Conducted in Rhode Island **RHODE ISLAND** 3079 Full Service Restaurant
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** Vice President Name KEITH L. KNOTH Sticet Address 28 OLD RICHMOND TWHS Rd.
"Carolina R.F. 210 02812 State 2.10 450 Saugatucket Rd. City 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None. Street Address Street Address City State Zip Director Name Director Name Street Address Street Address City Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZZED 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



Under penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, an
that all statements contained herein are true and correct.
Kutt L. Kutt 1/13/03
Signature of Officer PALINOTT Date
Print or Type Name of Officer Page i dent
Title of Officer Form 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 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 60798 BRICK OVEN RESTAURANT OF ASHAWAY, INC. 3. Street Address Principal Business Office B 0x 380 209 Main 4. Business Phone No. 401 **RHODE ISLAND** 3079 7. Brief Description of the Character of Business Conducted in Rhode Island Restaurant, Food Surviv 8. NAMES AND ADDRESSES OF THE OFFICERS (*x* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address · City Zip 02883 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address City State ZIp 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 ESSUED) SHARES Number of Shares Cluss/Series Number of Shares Closs/Series Par Value 600 COMM NO PAR VALUE NONO.

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
Check No.:	2900
Ву:	de
FOR SECRETARY	OF STATE LISE ONLY

Under penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, an
that all statements contained hereig are true and correct.
Kuth L. Knot 1/10/2
Signature of Officer , Date
KEITH L. KNOTT
Print or Type Name of Officer
President
Title of Office.

r.__. K20 - (3/0)

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-M	larch I •	Filing Fee: \$.	50.00
(FORM MUST BE TYPED IN BLACK)			

Office		City	_	
		2117	State	Zip
~ ST.		ashours	R.I.	02809
•			, - ,	6. SIC Code
	***************************************	LAND		3079
· .	D +	-		
SES OF THE OFFI	ICERS ("X" BOX FOR A	, TTACHMENT)	S BEFORE USING ATTA	CHMENTS
1 1 Jourt		Vice President Name	M PI-H	•
-		Street Address	1 - V- Stall	
mond TWH.	s Rd	450 San	saturbet Ro	L.
State O T	ZIp	City	State O T	Zip
· ·	02862	Peace U	ale K, L	02812
Lat		Section to the section of the sectio		
		Street Address		٠
-				
State	Zip	City	State	Zıp
SES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPA	CES BEFORE USING AT	TACHMENTS
		Director Name	•	
NUNC				
		Street Address		
State	Zip	City	State	Zip
• •				
		Director Name		•
		Street Address	÷	•
State	Zip	City	State	Zip I
D (*x* box for att	ACHMENT)	II. SHARES ISSUED	("X" BOX FOR ATTACHME	(TV
		ISSUED SHARES		
Class/Series	Par Value	Number of Shares	Class/Series	Par Value
VALUE		NONC		
	of Business Conducted in State Ses OF THE OFFI L. I Noth Mand Twth. State R. I. State State State State Of Car BOX FOR ATT	S. State of Incorpora RHODE ISI - 2230 of Business Conducted in Rhode Island Ly Style Rectainent SES OF THE OFFICERS (*X* BOX FOR A' L. KNUH M & Nd TWHS Rd State R, I. U28(Z Lat State Zip SES OF THE DIRECTORS (*X* BOX FOR NUNC State Zip State Zip State Zip Class/Series Par Value	S. State of incorporation RHODE ISLAND of Rusiness Conducted in Rhode Island Ju Stigle Restaurant SES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACE L. KNOTH Street Address Mand Tw HS Rd Sinte Zip R. I. O 2 8 (2 City Street Address State Zip City Street Address State Zip City Street Address State Zip City Street Address City Street Address State Zip City Director Name Street Address State Zip City Director Name Street Address City Director Name Street Address State Zip City Director Name Street Address Number of Shares Mal Lie Mal Lie Number of Shares	S. State of Incorporation RHODE ISLAND Of Rushiess Conducted in Rhode Island Ly Stiff Rectains Set of the Officers ("x" box for attachment) FILL IN SPACES BEFORE USING ATTACHMENT FILL IN SPACES BEFORE USING ATTA

* 6 0 7 9 8 *	Under penalty of perjury, I declare and affirm that I have examined
File Date:	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Luly 8/01 Signature of Officer Date
By:	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

#01-222-3040 STOP

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Perior: Janu	ary 1-March 1 •	Filing Fee: \$50.00		 	_
FORM MUST BE TYPED IN	BLACK)				
. Corporate ID No.	2. Name of Corpora				
60798		N RESTAURANT OF A	SHAWAY, INC.		
. Street Address Principal Bus			City	State O T	zip 0280
209 Main	·ST		asheway	R.I	02.80
. Business Phone No.	2.2.7	5. State of Incorporation			6. SIC Code
401-377~		RHODE ISLAND			3079
. Brief Description of the Chai	racter of Business Conducted. Resturan	in Rhode Island T			
resident Name		ICERS (*X* BOX FOR ATTACE	IMENT) FILL IN SPACE Vice President Name	ES BEFORE USING ATTA	CHMENTS
That I.	KNOH		•		
treet Address		0.4	Street Address		
28 ULD R:C	HMOND TW	HS Rel.			
ilty	Stote R.I.	21p UZ P / Z	City	State	Zip
Carolina	\mathcal{K}	02812			
ecretary Name Eva PL	ath		Treasurer Name		
11eel Addiess 450 Sales	La Tucket	RL.	Street Address		
RPeace Jal	e State R.I.	RL. 02883	City	State	ZIp
		ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPA	CES BEFORE USING ATT	ACHMENTS
Pirector Name			Director Name		
treet Address			Street Address		•
lity	State	Zip	City	State	Zip
Brector Name	· · · ·	* * * * * * * * * * * * * * * * * * *	Director Name		
treet Address			Street Address		
lity	State	Zip	City	State	Zip
0. SHARES AUTHOR	IZED (*x* box for att	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	T)
UTHORIZED SHARES			ISSUTED SHARES	von von ni monnun	
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR	COM		NONE		
			(V =		

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

Title of Officer

	* 6 0 7 9 8 *
File Date:	1/11/00
Check No.:	1012
Ву:	En .
FOR SECRETAR	Y OF STATE USE ONLY



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 B	(ACK)	200.00			INSTRUCTIONS
1. Corporate ID No.	2. Name of Carpor	eatlon			
60798		EN RESTAURANT OF	ASHAWAY, INC.		
3. Street Address Principal Busine	ess Office		City	State	Zip +
4. Business Phone No.	~ ST.	5. State of Incorporation	ashaway	R.F.	02804
401-377- 7. Brief Description of the Charac	2230	RHODE ISLAN	D		6. SIC Code 3079
A	estament	in knoue isiana			
		FICERS ("X" BOX FOR ATTACH		ES BEFORE USING ATTA	CHMENTS
KEITH	L. Knott		Vice President Name		
Street Address 28 OL Q	RicH MAN	d TWHS Rd	Street Address	•	
City	State A. T.	Zip 02812	City	State	Zip
Secretary Name			Treasurer Name	* **** ***** **** ** *******	
EVa PL	a1t		•	Plat	• ·
	ga Tucke	TRO.	Street Anaress	Plat jame	
& Peace Date		Zip	:	State	Zip
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR ATTA	CHMENT) I, FILL IN SPA	ACES BEFORE USING ATT	ACHMENTS
Director Name			Director Name		
Street Address	NON	L	Street Address		
City	- 0				
c.i.y	State	. Zip	City	State	Zip
Director Name	•	· •• • · · · · · • · •	Director Name	**** ** *** **** * *** * * * * * * * * *	· · · · · · · · · · · · · · · · · · ·
Street Address			Street Address		
City	State	Zip	Gity	State	ZIp .
_ -					2.7
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED (*x* box for att	ACHMENT)	11. SHARES ISSUET	O (*X* BOX FOR ATTACHMENT	
Number of Shares	Cluss/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR (COM .		•	•	-
				NONC	•
			į.		
Chis report must be sign	n ed in ink by eitl	her the President, Vice P	resident Secretary A	ssistant Secretary Trans	res Pacaines as Taurès
		me reading rice (icolociic, occietaty, M	sossiani secretary, ireasi	ares, Receiver of Hustee

	* 6 0 7 9 8 *
File Date:	pu 20,99
Check No.:	3825
By:	"ID.

FOR SECRETARY OF STATE USE ONLY

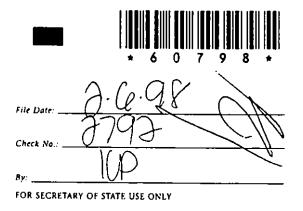
Under penalty of perjury, I declare and affi	irm that I have examined
this report, including any accompanying s	chedules and statements, and
that all statements contained herein are tri	ue and correct.
Kielt L. Knoth	1/16/99
Signature of Officer	Date
KEITH LIKNOTT	
Print or Type Name of Officer	
President	
Title of Offices	

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 TYPÉD IN BI	LACK)	-			(and a
1. Corporate ID No. 60798	2. Name of Corporation BRICK OVEN	,, RESTAURANT OF A	SHAWAY, INC.		
3. Street Address Principal Busine	ss Office		City	State _	Zip
209 Main	ST. Box3	80	as Haway	R. I.	02804
4. Business Phone No.		S. State of Incorporation		, ,	6. SIC Code
401-377-	2230	RHODE ISLAND			3079
7. Brief Description of the Charact		Rhode Island			
Kestaurai					
8. NAMES AND ADDRE	SSES OF THE OFFIC	ERS ("X" BOX FOR ATTACHN	MENT)		•
President Name		• • • • • • • • • • • • • • • • • • • •	Vice President Name		
KEITH	KNOH		Era P	Latt	
Street Address		•	Street Address		•
Carolina	i oltmind :	TWItS Rd	450 Sa4	ya Tucket state R.I.	RJ_
City	State	Zip	City	State	Zip
Carolina	R.Ŧ.	02812	Peacedale	$\mathcal{R}.\mathcal{I}$	02883
Secretary Mame		•	Treasurer Name		
Eva t	2 att			•	
Street Address			Street Address	•	•
\mathcal{S}^{α}	ine				
City	State	Zip	City	State	Zip
	SSES OF THE DIREC	CTORS ("X" BOX FOR ATTAC	HMENT)		
Director Name	0. /	^	Director Name		
Course Address	KION	e			
Street Address	,		Street Address		
City	•				
City	State	Zip	City	State	Zip
Director Name					
Director Sume			Director Name		
Street Address			Street Address		
			Sittle Maritis		
City	State	Zip	City	State	Zip
		•	,		~· r
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*	X' BOX FOR ATTACHMENT)	
AUTHORIZEJ) SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
CON CHE NO DAD C	-014		_		

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.



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. Carporate ID No.

2. Name of Corporation

6	O	7	9	8

BRICK OVEN RESTAURANT OF ASHAWAY, INC.

3. Street Address Principal Business Office 209 Main

5. State of Incorporation

asHaway

6. SIC Code

401-377 - 2230 R
7. Brief Description of the Character of Rusiness Conducted in Rhode Island

RHODE ISLAND

3079

Restaurant

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

Vice President Name KEITH L. KNOTT

NONC

28 OLD RICHMOND TWHS. Rd.

. City

City

Zip

450 Saugatucket Rd.

Zip

State

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

Street Address

Director Name

Street Address

ZIp

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

State

210

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

PARAME CHIEFS

Number of Shares

600 SHS NO PAR COM

200

mmon-No Par

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



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



PRCFIT CORPORATON 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

1 CORPORATE ID NO	2 NAME OF CORPORATION	PLEASE TY	PE OR PRINT IN BLACK INK.		
OO 60 792 3 STREET ADDRESS PRINCIPAL BU		Oven 1	Restaurant ClsHaway	of asha	way, 9NC,
209 Ma		5 STATE OF INCORPORATION	astheway	R.I	02804
01-377-2 BRIEF DESCRIPTION OF THE CHA	230 PACTER OF BUSINESS CONDUCTED IN RHO	R. I	•		3079
Restau	rant				
PRESIDENT NAME	L. KNOTT	AND ADDR	ESSES OF THE VICE PRESIDENT NAME	PFICERS	
STREET ADDRESS	E Hannel Tull	+C Rd	STREET ADDRESS	NONC	
TA OFF K	STATE	ZIP CODE	CITY	STATE	ZIP CODE
RICHMON.	chmond Twide R. I.	02812			
Era N	1. Platt		Era M	1. PLaTT	
450 Sau	gatheret e R.I.	RL.	450 Sau	Lga Tucke	TRL.
Peace Dal	R.I.	02883	Peace Dole	R,I.	02883
DIRECTOR NAVE	9. NAMES	A H O A D D R		DIRECTORS	-
STREET ADDRESS NO	Ne		STREET ADDRESS		
ЭTY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
PRECTOR NAME			SMAN ROTSSRIC		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	1 0. S }	HARES AUT	HORIZED AND I	SSUED	
NUMBER OF SHARES	AUTHORIZED SHARES CLASS/SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
600	Common-	No Par	200	COMMON	NoPar
	Th	ic rapart must be	CICAIED IN INV by alle	, the	
			SIGNED IN INK by either ssistant Secretary, Treasu		tee

Under penalty of perjury, I declare and affirm that I have examined

this report, including any accompanying schedules and statements,

File	Date:	

Check No:

By:

For Secretary of State Use Only

8-19-1996

and that all statements contained herein are true and correct.

REITH L. KNOTH
Print or Type Name of Officer

FORM 31 12/95



Office of The Secretary of State 100 North Main Stet Providence, Rhyle Grand 02903-1335 401-277-30-0

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 C	OMPLETED II	N FULL OR T	HE FO	RM WILL	BE RI	eturned. 1995	
Corporate ID:006079 6	 -		Алл	nual Report i	for the	year:	
Name of Corporation:	Brick Oven	Restauran	t of	Ashawa	у, І	inc.	
Business entity organized under the la	ws of the State of: _	RI		Business Ent	tity is (c	theck one):	
For foreign entity, address and telepho	ne number of princip	oal office:			-	oration (See RIGL Chapter 7-1.	1)
				[] Profess	ional Se	ervice Corporation (See RIGL C	Chapter 7-5.1)
				Brief stateme	ent of th	e character of business conducte	ed in Phode Island:
Phone: ()				Resta			
Address and telephone of the principal	l office of business e	ntity in Rhode					
Island (Provide street address - Not P.0 209 Main Str	O. Box):						
✓ Ashaway, Rho		02804			_		•
- Honawayy Mic	de Ibiuna	02004					· · ·
Phone: (401) 377-2230							
		THE NAMES OF) CELOEDO	4 D.C.		
PRESIDENT	<u>,</u>	HE NAMES OF	TADDRESS		AKE:	CITY/STATE	ZIP CODE
Keith L. Knott	28 Old	Richmond	Town	House	Rd,	Carolina; R.I.	02812
VICE PRESIDENT			T ADDRESS			CITY/STATE	ZIP CODE
None							
SECRETARY	150 -		T ADDRESS			CITY/STATE	ZIP CODE
Eva M. Platt	450 Sau	igatucket			Dal		02883
REASURER Dlatt	450 931		T WORESS		n - 1	CITY/STATE	ZIP CODE
Dva I Lacc		gatucket					02883
NAME		TE NAMES OF	TADDRESS		AKE	CITY/STATE	ZIP CODE
None							
NAME		STREET	ADDRESS			CITY/STATE	ZIP CODE
NAME			T ADDRESS			CITY/STATE	ZIP CODE
		JINE					<u> </u>
NUMBER OF SHARES AUTHORIZED	(Rider may be attach	ed)	NI	MBER OF SH	IARES IS	SSUED AND OUTSTANDING (R.	ider may be attached)
Number of Shares Cla	ss / Series		Nu	ımber of Share	es -	Class / Series	
600 Comm		ır		200		Common - No P	ar
				_ • •		00.11.07. 110 1	41
•				Υ _		<u> </u>	
Date 2 /	22 / 95	By: <u>~</u>	/ 7	ia n	Pl	att	
				Eva M.	Plat	t	
	/			ME OF OPTICES	SIGNING"	Treasurer	
Form 31 1/95			OF OFFICER				
	DESIGNATED I	REGISTERED A	<u>AGENT</u>	FOR SERV	VICE (OF PROCESS:	

JOHN V. MCCLOSKEY 110 MAIN STREET WAKEFIELD RI 02879

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

FILED FEB 23 1895 Hay le 96

Filing Fge \$50.00 Payable to: Secretary of State

٦

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. I - Nov. 1 CORP: Jan. I - March 1

Corporate ID:	006079	Annual Report for the year:
Name of Business Entity: _	BRICK OVEN RESTAURA	ANT OF ASHAWAY, INC.
Business entity organized unde		Business Entity is (check one): [X] Business Corporation (See RIGL Chapter 7-1.1)
• •	telephone number of principal office.	Professional Service Corporation (See RIGL Chapter 7-5.1)
		Name, title and mailing address of contact person to whom communications may be directed: Keith L. Knott, President
		- 28 Old Richmond Town House Road
Address and telephone of the p	rincipal office of business entity in Rhode	
Island (Provide street address -	Not P.O. Box):	Brief statement of the character of business conducted in Rhode Island:
209 Main St Ashaway,	Rhode Island 02804	Restaurant
401 377-	2230	Date of Organization: 6-15-90
Рінне: (401) 377		Date of Qualification to do business in Rhode Island (if foreign entity).
Courtxicionseoniciscos (t 28 Old Ri	DF THE OFFICERS ARE: CLIVATIAN CHAMBERS CHA
None Construction of the control of	LKMC1 PRISIDENT (Chick thee) STRI	HELLANGER CHANTALLS OF CORE
Eva M. Platt	450 Sauga	tucket Road, Peace Dale, R.I. 02883
Eva M. Platt	450 Sauga	tucket Road, Peace Dale, R.I. 02883
None	THE NAMES O	F THE DIRECTORS ARE: OUTSTADE OUTSTADE OUTSTADE
NAME		OT AIDRESS CUYSTAIF OF CODE
NAMI;	SIRI	ESTADORINS CHYOTIATE ZUCCÓRE
NUMBER OF SHARES AUT	TIORIZED (If Applicable) 600	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 600		NUMBER 200
CLASS Common	•	CLASS Common
SERIES		SURIES
PAR VALUE OR NO Pa	<u>r</u>	PAR VALUE OR NO Par WITHOUT PAR
Date	12/30/19_94 By:	Evan Ratt
	E PRIN	Va M. Platt
	S	ecretary & Treasurer
Gim 31 1/94		

FILED
FEB 2 5 1995 * 4695

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE. If the Corporation has changed its registered office unifor registered or resident agent, Form 9 or Form LLC 3 must be filed.

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

State of Ulode Island and Providence Plantations Corporations division 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	*(*)	Annual Report fo	or the year
FIRST: The name	of the corporation is	ERICK OVEN RE	STAURANTOFASHAWAY,IN
SECOND: It is ince	orporated under the laws of	Rhode Island	l
THIRD: Character	of business, briefly stated, is	Restaurant	
FOURTH: If foreig	•		
Fifth: Business ac	Idress in Rhode Island	209 Main Str Hopkinton, R	eet hode Island
Sixtii: Names and	l addresses of its directors ar		(Attach rider if necessary)
	Director		
***************************************	Director		
Voith t V	Director President	28 Old Richmon Carolina, Rhoo	nd Town House Road de Island 02812
•••••	Vice Presic	ient	
Etto M. Dlakk	Secretary	450 Saugatucke	et Road
Eva M Dlakk			nodeIsland02883
	Treasurer	450 Saugatucke Peace Dale, Rh	rode Tsland 02883
SEVENTH: Number	of Shares authorized:		Par Value
No of Shares	Class	Series	or statement that shares are without
600	Common	33.163	par value No Par
		•	
Eighth: Number o	of Shares issued:	:.	Par Value
No. of Shares	<i>(</i>)		or statement that shares are without
	Class	Series	par value
200	Common		No Par
Dated	2/14 pg3	Brick Oven Resta	urant of Ashaway, Inc.
(Report must be s	igned by an officer)	rilelele	earely

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	0480798 	Annual Report for the year	ır1582
FIRST: The name	e of the corporation is	BRICK OVEN BESTAURG	
Second: It is inc	corporated under the laws of	Rhode Island	
THIRD: Character of business, briefly stated, i		is Restaurant	
FOURTH: If foreig	gn corporation, address of it	s principal office	
FIFTH: Business a	address in Rhode Island	209 Main Street Hopkinton, Rhode I	Sland
Name	d addresses of its directors a		(Attach rider if necessary) street, zip code)
Voith I Voith	Director Director President	28 Old Richmond Tow Carolina, Rhode Isl	n House Road and 02812
Eus M Dlatt	Secretary	ident 450 Saugatucket Roa Peace Dale, Rhode I 450 Saugatucket Roa	d sland02883
SEVENTH: Numbe	Treasurer of Shares authorized:	Peace Dale, Rhode I	sland 02883 Par Value
No. of Shares	Class Common	Series PAID .	or statement that shares are without par value No Par
Eighth: Number	of Shares issued:	DEC 3 1 1992	
No. of Shares	Class	SEC'Y OF STATE Series	Par Value or statement that shares are without par value
200	Common		No Par
Dated	2/29 1922	Brick Oven Restaurant (Name of Corporation) By	of Ashaway, Inc.
(Report must be	signed by an officer)	Title	11/h

Form 31 1/85

909 913.

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.	raig jeteet	Annı	al Report for the ye	1991 ar
Pirsi: '	The name of the corporation is	ERICK	OVEN RESTAUR	ANTOFASHAWAY.,IN
Second:	It is incorporated under the la	aws of Rhoc	le Island	
THIRD:	Character of business, briefly st		auwan t	
Fourth:	If foreign corporation, addres	s of its principal office		
Гі гт іі: І	Business address in Rhode Islan	d 209 Hopk	Main Street inton, Rhode	Island
	Names and addresses of its direct Name	Office	Address (including number,	(Attach rider if necessary)
	Dir	***************************************	•••••••••••••••••••••••••••••••••••••••	
	Dir		••••••••••••••••••••••••••••••	•••••••••••••••••••••••••••••••••••••••
Keith L.	Knott Pres	28 01	i Richmond Tow ina, Rhode Isl	wn House Road land 02812
************************	Vice	President		
Eva M. Pl	att Seci	450 Sarctary	augatucket Roa	ad [sland02883
Eva M. Pl	a++	450 Sa	ugatucket Roa	
Seventh:	Number of Shares authorized	:		Par Value or statement that
No. of Share	Class	Serie	s	shares are without par value
600	Common		PAID	No Par
Eigirii:	Number of Shares issued:		DEC 3 1 199	2 Par Value
No. of Shares		Series	SECY OF STA	or statement that
200	Common			No Par
Dated	17 PY 19 EZ	Brick Ov (Name of Corporation)	en Restaurant	of Ashaway, Inc.
(Repo	rt must be signed by an officer)	Title	1	