



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

A. Ralph Molis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 66092		2. Name of Corporation EMBASSY RESTAURANT, INC.		
3. Street Address Principal Business Office 77 Havelock Street		City Woonsocket	State RI	Zip 02895
4. Business Phone No. (401) 762-5353		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island TO MAINTAIN, OPERATE AND CONDUCT A RESTAURANT BUSINESS				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Douglas Harvey		Vice President Name Donna Harvey		
Street Address 819 Eagle Peak Road		Street Address 819 Eagle Peak Road		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI
Secretary Name Donna Harvey		Treasurer Name Judith A. Harvey		
Street Address 819 Eagle Peak Road		Street Address 201 Water Street		
City Pascoag	State RI	Zip 02859	City Warren	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Douglas Harvey		Director Name Donna Harvey		
Street Address 819 Eagle Peak Road		Street Address 819 Eagle Peak Road		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI
Director Name Judith A. Harvey		Street Address 201 Water Street		
City Warren	State RI	Zip 02885		
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
600	NO PAR VALUE		100	common
				no par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date **FEB 14 2008**

Check No. _____

By: **9152**
mnc

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.

Donna Harvey 2/12/08
Signature Date
DONNA HARVEY
Print or Type Name
vice President
Title