

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF MASSACHUSETTS

Case number (if known) Chapter 7

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name No Name Restaurant, Inc.

2. All other names debtor used in the last 8 years Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 04-2203977

4. Debtor's address Principal place of business Mailing address, if different from principal place of business 15 1/2 First Pier Boston, MA 02210 12 Otis Place Boston, MA 02108 Suffolk County Location of principal assets, if different from principal place of business

5. Debtor's website (URL) nonamerestaurant.com

6. Type of debtor Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) Partnership (excluding LLP) Other. Specify:

Debtor No Name Restaurant, Inc. Case number (if known) _____
 Name

7. Describe debtor's business
- A. Check one:
- Health Care Business (as defined in 11 U.S.C. § 101(27A))
 - Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 - Railroad (as defined in 11 U.S.C. § 101(44))
 - Stockbroker (as defined in 11 U.S.C. § 101(53A))
 - Commodity Broker (as defined in 11 U.S.C. § 101(6))
 - Clearing Bank (as defined in 11 U.S.C. § 781(3))
 - None of the above
- B. Check all that apply
- Tax-exempt entity (as described in 26 U.S.C. §501)
 - Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
 - Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))
- C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
 See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?
- Check one:
- Chapter 7
 - Chapter 9
 - Chapter 11. Check all that apply:
 - Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
 - The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 - A plan is being filed with this petition.
 - Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 - The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
 - The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
 - Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?
- No.
 Yes.
- If more than 2 cases, attach a separate list.
- | | | |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- No.
 Yes.
- List all cases. If more than 1, attach a separate list
- | | |
|----------------|--|
| Debtor _____ | Relationship _____ |
| District _____ | When _____ Case number, if known _____ |

Debtor No Name Restaurant, Inc.
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other _____

Where is the property?

15 1/2 Fist Pier
Boston, MA, 02110-0000

Number, Street, City, State & ZIP Code

Is the property insured?

No

Yes. Insurance agency

William Goodrich Insurance Agency

Contact name

William Goodrich

Phone

617-698-5544

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input checked="" type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor **No Name Restaurant, Inc.**
Name

Case number (if known)


Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

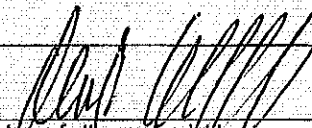
The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
I have been authorized to file this petition on behalf of the debtor.
I have examined the information in this petition and have a reasonable belief that the information is true and correct.
I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 30, 2019
MM / DD / YYYY

X 
Signature of authorized representative of debtor
Title Vice President, Secretary

Yannis Contos
Printed name

18. Signature of attorney

X 
Signature of attorney for debtor

Date December 30, 2019
MM / DD / YYYY

David B. Madoff 552968
Printed name

Madoff & Khoury LLP
Firm name

124 Washington Street, Suite 202
Foxborough, MA 02035
Number, Street, City, State & ZIP Code

Contact phone 508-543-0040 Email address alston@mandklp.com

552968 MA
Bar number and State

CONSENT OF SOLE SHAREHOLDER

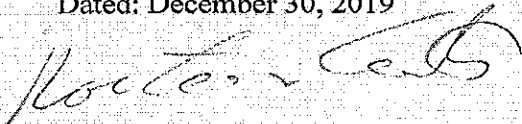
By consent of its sole shareholder, No Name Restaurant, Inc. (the "Company"), does hereby approve, consent to and take the following actions:

VOTED: That the Company seek relief under Chapter 7 of the Bankruptcy Code, and that Yannis Contos, the Vice President of the Company (the "Authorized Officer"), is hereby authorized (i) to prepare and file on behalf of the Company a petition for relief under Chapter 7 of the Bankruptcy Code, (ii) to execute on behalf of the Company such petition, schedules and statements as the Authorized Officer may deem necessary or appropriate in connection therewith, (iii) to take such steps on behalf of the Company as may be necessary or appropriate to the Company's bankruptcy case and (iv) to execute such further documents and do such further acts as the Authorized Officer may deem necessary or appropriate with respect to the foregoing, including the delegation of such foregoing authority to other officers and employees of the Company; the execution of any document or the doing of any act by the Authorized Officer in connection with such proceedings to be conclusively presumed to be authorized by this vote;

FURTHER VOTED: That the law firm of Madoff & Khoury LLP be retained as counsel to represent the Company in all proceedings commenced under or resulting from these votes;

FURTHER VOTED: That this written consent be filed in the minute book of the Company.

Dated: December 30, 2019



Katerina Contos, Sole Shareholder

OFFICIAL FORM 7

United States Bankruptcy Court
District of Massachusetts

In re No Name Restaurant, Inc. Debtor(s) Case No. _____
Chapter 7

DECLARATION RE: ELECTRONIC FILING

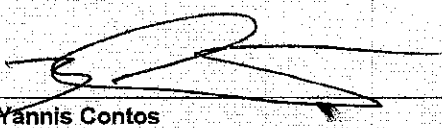
PART I- DECLARATION OF PETITIONER

I [We] Yannis Contos, hereby declare(s) under penalty of perjury that all of the information contained in the Petition, Schedules, Lists and Statements (singly or jointly the "Document"), filed electronically, is true and correct. I understand that this DECLARATION is to be filed with the Clerk of Court electronically concurrently with the electronic filing of the Document. I understand that failure to file this DECLARATION may cause the Document to be struck and any request contained or relying thereon to be denied, without further notice.

I further understand that pursuant to the Massachusetts Electronic Filing Local Rule (MEFLR)-7(a) all paper documents containing original signatures executed under the penalties of perjury and filed electronically with the Court are the property of the bankruptcy estate and shall be maintained by the authorized CM/ECF Registered User for a period of five (5) years after the closing of this case.

Dated:

Signed:



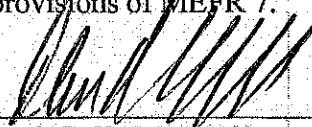
Yannis Contos
(Affiant)

PART II - DECLARATION OF ATTORNEY (IF AFFIANT IS REPRESENTED BY COUNSEL)

I certify that the affiant(s) signed this form before I submitted the Document, I gave the affiant(s) a copy of the Document and this DECLARATION, and I have followed all other electronic filing requirements currently established by local rule and standing order. This DECLARATION is based on all information of which I have knowledge and my signature below constitutes my certification of the foregoing under Fed. R. Bankr. P. 9011. I have reviewed and will comply with the provisions of MEFR 7.

Dated:

Signed:



David B. Madoff 552968
Attorney for Affiant

Fill in this information to identify the case:

Debtor name No Name Restaurant, Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known): _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature


I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration Statement of Financial Affairs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 30, 2019

X 
Signature of individual signing on behalf of debtor

Yanniss Contos
Printed name

Vice President, Secretary
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name No Name Restaurant, Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property: Copy line 88 from <i>Schedule A/B</i>	\$ <u>0.00</u>
1b. Total personal property: Copy line 91A from <i>Schedule A/B</i>	\$ <u>212,857.00</u>
1c. Total of all property: Copy line 92 from <i>Schedule A/B</i>	\$ <u>212,857.00</u>

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ <u>0.00</u>
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims: Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ <u>0.00</u>
3b. Total amount of claims of nonpriority amount of unsecured claims: Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ <u>422,079.47</u>
4. Total liabilities Lines 2 + 3a + 3b	\$ <u>422,079.47</u>

Fill in this information to identify the case:

Debtor name No Name Restaurant, Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
- Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest
\$5,900.00

2. **Cash on hand**

3. **Checking, savings, money market, or financial brokerage accounts** (Identify all)
Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number

3.1. Sovereign Bank Operating Account 0215 \$20,000.00

3.2. Sovereign Bank Payroll Account 0298 \$0.00

3.3. Sovereign Bank Charge Account 1406 \$0.00

4. **Other cash equivalents** (Identify all)

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$25,900.00

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
- Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**
Description, including name of holder of deposit

Debtor No Name Restaurant, Inc. Case number *(If known)* _____
 Name

7.1. **Security deposit with MassPort** **\$14,907.00**

7.2. **Utility deposit** **\$50.00**

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**
 Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

\$14,957.00

Part 3: Accounts receivable

10. **Does the debtor have any accounts receivable?**

- No. Go to Part 4.
- Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less: 0.00 - 0.00 = **Unknown**
 face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$0.00

Part 4: Investments

13. **Does the debtor own any investments?**

- No. Go to Part 5.
- Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. **Does the debtor own any inventory (excluding agriculture assets)?**

- No. Go to Part 6.
- Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials Food, beer and wine inventory (net book value is estimated); Perishable; Purchased within 20 days of filing		\$35,000.00	Estimated	Unknown

20. **Work in progress**

21. **Finished goods, including goods held for resale**

22. **Other inventory or supplies**

Debtor No Name Restaurant, Inc. Case number (If known) _____
 Name

23. **Total of Part 5.** **\$0.00**
 Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**
 No
 Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**
 No
 Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**
 No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- No. Go to Part 7.
- Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- No. Go to Part 8.
- Yes Fill in the information below.

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

- No. Go to Part 9.
- Yes Fill in the information below.

General description	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	(Where available)		

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
48. Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49. Aircraft and accessories			
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
<u>Restaurant equipment and furniture</u>	<u>\$32,000.00</u>	<u>Cost - Depreciat</u>	<u>\$32,000.00</u>

51. **Total of Part 8.** **\$32,000.00**
 Add lines 47 through 50. Copy the total to line 87.

52. **Is a depreciation schedule available for any of the property listed in Part 8?**
 No
 Yes

Debtor No Name Restaurant, Inc. Case number (If known) _____
 Name

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No
 Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

- No. Go to Part 10.
 Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1. Debtor's Commercial Lease with Massport may have significant value		\$0.00		\$0.00

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

- No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

- No
 Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

- No. Go to Part 11.
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets No Name Restaurant trade name	Unknown		Unknown
61. Internet domain names and websites www.nonamerestaurant.com	Unknown		Unknown
62. Licenses, franchises, and royalties City of Boston Common Victualers license (wine and malt beverages with liqueurs)	\$0.00	Comparable sales	\$140,000.00

Debtor No Name Restaurant, Inc. Case number (If known) _____
Name

63. **Customer lists, mailing lists, or other compilations**

64. **Other intangibles, or intellectual property**

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$140,000.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)

- No
- Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

- No
- Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

- No
- Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
- Yes Fill in the information below.

Debtor No Name Restaurant, Inc. Case number (if known) _____
 Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$25,900.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$14,957.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$32,000.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$140,000.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$212,857.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$212,857.00

Fill in this information to identify the case:

Debtor name **No Name Restaurant, Inc.**

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name No Name Restaurant, Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address Massachusetts Department of Revenue Bankruptcy Unit P.O. Box 9564 Boston, MA 02114 <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Meals taxes	<hr/> \$0.00 <hr/> \$0.00 <hr/>
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address Massachusetts Department of Revenue Bankruptcy Unit P.O. Box 9564 Boston, MA 02114 <hr/> Date or dates debt was incurred <hr/> Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Corporate excise tax	<hr/> \$0.00 <hr/> \$0.00 <hr/>
		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor **No Name Restaurant, Inc.** Case number (if known) _____
 Name _____

2.3	Priority creditor's name and mailing address Massachusetts Department of Revenue Bankruptcy Unit P.O. Box 9564 Boston, MA 02114	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
Date or dates debt was incurred _____		Basis for the claim: Paid Family Medical Leave Act	
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

2.4	Priority creditor's name and mailing address Massachusetts Department of Revenue Bankruptcy Unit P.O. Box 9564 Boston, MA 02114	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Unknown \$0.00
Date or dates debt was incurred _____		Basis for the claim: EMAC supplemental	
Last 4 digits of account number _____ Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1	Nonpriority creditor's name and mailing address A-1 Exterminators P.O. Box 310 Lynn, MA 01903	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<table border="1" style="width:100%; background-color: #f2f2f2;"> <tr> <th style="text-align: left;">Amount of claim</th> </tr> <tr> <td style="text-align: right;">\$1,167.12</td> </tr> </table>	Amount of claim	\$1,167.12
Amount of claim					
\$1,167.12					
Date(s) debt was incurred _____		Basis for the claim: Business debt			
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

3.2	Nonpriority creditor's name and mailing address Allways Health Partners 399 Revolution Drive Somerville, MA 02145	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$15,036.80
Date(s) debt was incurred _____		Basis for the claim: Business debt	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

3.3	Nonpriority creditor's name and mailing address Beau's Seafood 9 Fish Piers Street E Boston, MA 02210	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$11,752.50
Date(s) debt was incurred _____		Basis for the claim: Business debt	
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor No Name Restaurant, Inc. Case number (if known) _____
Name

3.4 Nonpriority creditor's name and mailing address **Boston Lobster Company**
345 W 1sst Street
Boston, MA 02127
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$39,849.04**
 Contingent
 Unliquidated
 Disputed

Basis for the claim: **Business debt**
 Is the claim subject to offset? No Yes

3.5 Nonpriority creditor's name and mailing address **City of Boston**
One City Hall Square
Boston, MA 02201
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$92,557.86**
 Contingent
 Unliquidated
 Disputed

Basis for the claim: **Business debt**
 Is the claim subject to offset? No Yes

3.6 Nonpriority creditor's name and mailing address **Comcast Business**
PO Box 70219
Philadelphia, PA 19176
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$537.05**
 Contingent
 Unliquidated
 Disputed

Basis for the claim: **Business debt**
 Is the claim subject to offset? No Yes

3.7 Nonpriority creditor's name and mailing address **Cram Seafood Company**
145 Shirley Street
Boston, MA 02119
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$3,507.88**
 Contingent
 Unliquidated
 Disputed

Basis for the claim: **Business debt**
 Is the claim subject to offset? No Yes

3.8 Nonpriority creditor's name and mailing address **Dex-YP**
PO Box 619810
DPW Airport
Dallas, TX 75261
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$2,111.25**
 Contingent
 Unliquidated
 Disputed

Basis for the claim: **Business debt**
 Is the claim subject to offset? No Yes

3.9 Nonpriority creditor's name and mailing address **Emcor Services**
80 Hawes Way
South Walpole, MA 02071
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$776.22**
 Contingent
 Unliquidated
 Disputed

Basis for the claim: **Business debt**
 Is the claim subject to offset? No Yes

3.10 Nonpriority creditor's name and mailing address **Eversource**
PO Box 56007
Boston, MA 02205
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$3,631.20**
 Contingent
 Unliquidated
 Disputed

Basis for the claim: **Business debt**
 Is the claim subject to offset? No Yes

Debtor **No Name Restaurant, Inc.** Case number (if known) _____
Name

3.11 Nonpriority creditor's name and mailing address **Horizon Beverage Company** As of the petition filing date, the claim is: *Check all that apply.* **\$3,355.02**
45 Commerce Way Contingent
Norton, MA 02766 Unliquidated
Date(s) debt was incurred _____ Disputed
Last 4 digits of account number _____ Basis for the claim: **Business debt**
Is the claim subject to offset? No Yes

3.12 Nonpriority creditor's name and mailing address **HT Berry Co., Inc.** As of the petition filing date, the claim is: *Check all that apply.* **\$979.48**
50 North Street Contingent
Canton, MA 02021 Unliquidated
Date(s) debt was incurred _____ Disputed
Last 4 digits of account number _____ Basis for the claim: **Business debt**
Is the claim subject to offset? No Yes

3.13 Nonpriority creditor's name and mailing address **Ipswich Maritime Products** As of the petition filing date, the claim is: *Check all that apply.* **\$16,200.30**
PO Box 388 Contingent
Ipswich, MA 01938 Unliquidated
Date(s) debt was incurred _____ Disputed
Last 4 digits of account number _____ Basis for the claim: **Business debt**
Is the claim subject to offset? No Yes

3.14 Nonpriority creditor's name and mailing address **Ipswich Shellfish Co.** As of the petition filing date, the claim is: *Check all that apply.* **\$3,102.40**
8 Hayward Street Contingent
Ipswich, MA 01938 Unliquidated
Date(s) debt was incurred _____ Disputed
Last 4 digits of account number _____ Basis for the claim: **Business debt**
Is the claim subject to offset? No Yes

3.15 Nonpriority creditor's name and mailing address **James Hook & Co.** As of the petition filing date, the claim is: *Check all that apply.* **\$23,419.03**
15-17 Northern Avenue Contingent
Boston, MA 02210 Unliquidated
Date(s) debt was incurred _____ Disputed
Last 4 digits of account number _____ Basis for the claim: **Business debt**
Is the claim subject to offset? No Yes

3.16 Nonpriority creditor's name and mailing address **John Nagle Co.** As of the petition filing date, the claim is: *Check all that apply.* **\$19,993.80**
306 Northern Avenue Contingent
Boston, MA 02210 Unliquidated
Date(s) debt was incurred _____ Disputed
Last 4 digits of account number _____ Basis for the claim: **Business debt**
Is the claim subject to offset? No Yes

3.17 Nonpriority creditor's name and mailing address **JRM Hauling & Recycling Service** As of the petition filing date, the claim is: *Check all that apply.* **\$7,797.00**
265 Newbury Street Contingent
Peabody, MA 01960 Unliquidated
Date(s) debt was incurred _____ Disputed
Last 4 digits of account number _____ Basis for the claim: **Business debt**
Is the claim subject to offset? No Yes

Debtor No Name Restaurant, Inc. Case number (if known) _____
 Name _____

3.18 Nonpriority creditor's name and mailing address **Keezer Sportswear & Landmark Graphics** **106 Finnell Drive, Suite 5** **Boston, MA 02118** **\$1,053.50**
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Business debt**
 Is the claim subject to offset? No Yes

3.19 Nonpriority creditor's name and mailing address **Kyler's Catch Seafood** **2 Washburn Street** **Peabody, MA 01960** **\$7,676.15**
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Business debt**
 Is the claim subject to offset? No Yes

3.20 Nonpriority creditor's name and mailing address **Lavallee's Bakery Distributors** **117 Beaver Street** **Waltham, MA 02452** **\$2,036.03**
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Business debt**
 Is the claim subject to offset? No Yes

3.21 Nonpriority creditor's name and mailing address **Lenox-Martel, Inc.** **89 Heath Street** **Jamaica Plain, MA 02130** **\$20.00**
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Business debt**
 Is the claim subject to offset? No Yes

3.22 Nonpriority creditor's name and mailing address **Liberty Mutual Insurance** **PO Box 2839** **New York, NY 10116** **\$5,820.30**
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Business debt**
 Is the claim subject to offset? No Yes

3.23 Nonpriority creditor's name and mailing address **Maine Coast Shell Fish LLC** **15 Hannaford Drive #2** **York, ME 03909** **\$27,474.74**
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Business debt**
 Is the claim subject to offset? No Yes

3.24 Nonpriority creditor's name and mailing address **Martinez Seafood Inc.** **212 Northern Avenue** **Boston, MA 02210** **\$3,093.43**
 Date(s) debt was incurred _____
 Last 4 digits of account number _____
 As of the petition filing date, the claim is: *Check all that apply.*
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Business debt**
 Is the claim subject to offset? No Yes

Debtor No Name Restaurant, Inc. Case number (if known) _____
Name

3.25 Nonpriority creditor's name and mailing address **Massachusetts Port Authority**
One Harborside Drive, Suite 200S
East Boston, MA 02128-0290
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$93,050.19**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Business debt**
 Is the claim subject to offset? No Yes

3.26 Nonpriority creditor's name and mailing address **Miller & Bisson PC**
One Dundee Park, Suite 3
Andover, MA 01810
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$14,417.00**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Business debt**
 Is the claim subject to offset? No Yes

3.27 Nonpriority creditor's name and mailing address **National Grid**
P.O.Box 11735
Newark, NJ 07101
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$1,899.55**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Business debt**
 Is the claim subject to offset? No Yes

3.28 Nonpriority creditor's name and mailing address **NE Coffee**
100 Charles Street
Malden, MA 02148
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$818.61**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Business debt**
 Is the claim subject to offset? No Yes

3.29 Nonpriority creditor's name and mailing address **Primarque Products Co.**
100 Grand Street
Worcester, MA 01610
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$712.00**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Business debt**
 Is the claim subject to offset? No Yes

3.30 Nonpriority creditor's name and mailing address **Sysco**
99 Spring Street
Plympton, MA 02367
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$15,747.03**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Business debt**
 Is the claim subject to offset? No Yes

3.31 Nonpriority creditor's name and mailing address **The Farmland**
415 Main Street
Wakefield, MA 01880
 Date(s) debt was incurred _____
 Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.* **\$1,286.79**
 Contingent
 Unliquidated
 Disputed
 Basis for the claim: **Business debt**
 Is the claim subject to offset? No Yes

Debtor No Name Restaurant, Inc. Case number (if known) _____
Name

3.32	Nonpriority creditor's name and mailing address Truro Vineyards of Cape Cod, LLC PO Box 834 11 Shore Road, Rte 6A North Truro, MA 02652 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Business debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.20
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Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
--------------------------	--	---

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ <u>0.00</u>
5b. Total claims from Part 2	5b. + \$ <u>422,079.47</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. \$ <u>422,079.47</u>

Fill in this information to identify the case:

Debtor name No Name Restaurant, Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest **Commercial lease through December of 2024**

State the term remaining

List the contract number of any government contract _____

**Massachusetts Port Authority
One Harborside Drive, Suite 200S
East Boston, MA 02128-0290**

2.2. State what the contract or lease is for and the nature of the debtor's interest **ATM lease**

State the term remaining

List the contract number of any government contract _____

Unknown

Fill in this information to identify the case:

Debtor name No Name Restaurant, Inc.

United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS

Case number (if known) _____

Check if this is an amended filing

**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing Address	Name	Check all schedules that apply:
2.1	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ City State Zip Code	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name No Name Restaurant, Inc.
 United States Bankruptcy Court for the: DISTRICT OF MASSACHUSETTS
 Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From 11/01/2019 to **Filing Date**

Operating a business
 Other Gross Sales

\$2,953,139.15

For prior year:
From 11/01/2018 to 10/31/2019

Operating a business
 Other _____

\$3,057,958.00

For year before that:
From 11/01/2017 to 10/31/2018

Operating a business
 Other _____

\$3,208,338.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor **No Name Restaurant, Inc.**

Case number (if known) _____

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. See general ledger attached hereto		\$744,497.78	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input checked="" type="checkbox"/> Services <input type="checkbox"/> Other__

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
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6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
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Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
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8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Debtor **No Name Restaurant, Inc.** Case number (if known) _____

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).		

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Madoff & Khoury LLP 124 Washington Street, Suite 202 Foxborough, MA 02035	Attorney Fees	12/2019	\$7,500.00
Email or website address alston@mandkllp.com			
Who made the payment, if not debtor? Katerina Contos			

11.2. Massachusetts Bankruptcy Court	Filing fee	12/2019	\$335.00
Email or website address			
Who made the payment, if not debtor? Katerina Contos			

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device. Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
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13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

Debtor No Name Restaurant, Inc. Case number (if known) _____

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1 Debtor's Employees	On December 30, 2019, Debtor withdrew \$9,900 in cash and paid final payroll in cash. Remainder is cash on hand.	12/30/19	\$0.00
Relationship to debtor			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To
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Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:
 - diagnosing or treating injury, deformity, or disease, or
 - providing any surgical, psychiatric, drug treatment, or obstetric care?

- No. Go to Part 9.
- Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
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Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- No.
- Yes. State the nature of the information collected and retained.

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?
 Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
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Debtor No Name Restaurant, Inc. Case number (if known) _____

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Do you still have it?

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No.
 Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- No.
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
15 1/2 First Pier	Massport	Unknown. Massport has asserted sewage leakage. Debtor disputes this	

24. Has the debtor notified any governmental unit of any release of hazardous material?

Debtor No Name Restaurant, Inc. Case number (if known) _____

- No.
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
		Dates business existed

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

- None

Name and address	Date of service From-To
26a.1. Brian Bisson Miller & Bisson, PC 1 Dundee Park, Suite 3 Andover, MA 01810	

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

- None

Name and address	Date of service From-To
26b.1. Brian Bisson (see above)	

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

- None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Brian Bisson (see above)	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

- None

Name and address

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- No
- Yes. Give the details about the two most recent inventories.

Debtor **No Name Restaurant, Inc.**

Case number (if known)

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
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28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Katerina Contos	15 Scotch Pine Cr. MA 02181	President, Treasurer, Director	100%
Anastasia Contos	12 Otis Place Boston, MA 02108	Vice President, Director	0%
Yannis Contos	15 Scotch Pine Cr. MA 02181	Vice President, Secretary, Director	0%
Demetrios Klidas	71 Rawson Avenue Quincy, MA 02170	Vice President	0%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- No
- Yes. Identify below.

30. **Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No
- Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 Demetrios Klidas			Regular payroll
Relationship to debtor			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No
- Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
--------------------------------	--

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No
- Yes. Identify below.

Debtor No Name Restaurant, Inc. Case number (if known) _____

Name of the pension fund _____ Employer Identification number of the parent corporation _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on December 30, 2019

/s/ Yannis Contos
Signature of individual signing on behalf of the debtor

Yannis Contos
Printed name

Position or relationship to debtor Vice President, Secretary

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No
- Yes

No Name Restaurant Inc.
 Vendor Transaction Summary
 September 18, 2019 through December 18, 2019

Ad Agency	Advertising	900.00
Always Health Partner	Health Insurance	15,036.54
Analysis fees	bank fees	786.19
Anheuser-Busch Co	Purchases -liquor	1,732.80
AR ZBA	Advertising	5,995.07
Atlantic Brewing	Purchases -liquor	2,528.27
Beau's Seafood	Purchases - Food	20,457.00
Chevillier	Janitorial expense	261.63
Comcast	Telephone	1,611.93
Craft Brewers Guild	Purchases - liquor	798.00
Dimitrios Antonakes	Purchases - food	5,566.70
DUA	Unemployment supplement	89.16
Ecolabs	Supplies	2,349.00
Extra Space Storage	Storage	3,000.00
FDMS	Credit card fees	15,744.01
Boston Lobster	Purchases - Food	29,000.00
Burke Distributors	Purchasess - liquor	16,860.44
City of Boston	License and permits	2,495.00
Coca Cola	Purchases - food	3,179.19
Comm Mass	meals tax payments	63,682.67
Cram Seafood	Purchaes - food	3,507.88
Falvey	Linens	1,502.17
fedex kinko's	Printing	264.37
Global Wines	Purchaes - liquor	1,332.00
Goodrich Insurance	Insurance	4,203.70
Hallsmith Sysco		10,291.80
Harpoon	Purchases - liquor	666.00
Horizon Beverages	Purchases - liquor	6,572.62
HT Berry Co.	Janitorial services	979.48
Hub Refrigeration	Repairs	5,281.91
Ideal Seafood	Purchases - food	20,877.83
Ipswich Maritime	Purchases - food	38,418.46
James Hook Lobster	Purchases - food	8,431.75
John Mantia & Sons Co	Purchases - food	3,677.43
John Nagle Co	Purchases - food	30,802.56
JRM Hauling & Recycling Service	Disposal	7,797.00
Kyler's Catch Seafood	purchases - food	6,000.00
LaVallee's Bakery	purchases - food	4,500.00
Lenox-Martell	Tap cleaning	373.11
Liberty Mutual	Insurance	2,427.50

No Name Restaurant Inc.
 Vendor Transaction Summary
 September 18, 2019 through December 18, 2019
 Page two of two

Maine Coast Shellfish LLC	purchases - food	39,291.60
Maritime Seafood	purchases - food	9,639.75
Martillaro Lobster	purchases - food	7,000.00
Martinez Seafood	purchases - food	2,220.65
MassPay Tx	Payroll taxes and processing fees	92,907.69
Massport	Rent	27,020.69
Michael D Kitenda	Janitorial services	2,408.16
MS Walker	Purchases - liquor	1,880.00
National Grid	Gas	2,074.27
New England Coffee	Purchases - food	905.02
One Call Ventilation	Repairs	600.00
Pat Whitely Show	Advertising	1,800.00
Payroll	payroll, net	124,757.76
Pine River Fish Market	Purchases - food	3,528.00
Portside Seafood	Purchases - food	9,550.26
Primargue Products Company Inc.	Purchases	905.00
Red's Best	Purchases - food	550.00
Reinhart Food Services	Purchases - food	2,606.73
Richard Arciero	Purchases - food	3,820.00
Royal Filter	Restaurant supplies	750.00
SOC	Mass Annual Report	110.00
Solomon Feldman	Legal services	3,200.00
Sysco	Purchases - food	7,485.64
Turo Wine	Purchases- liquor	1,178.16
US Food Services	purchases - food	48,327.23
		<hr/>
		744,497.78
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**United States Bankruptcy Court
District of Massachusetts**

In re **No Name Restaurant, Inc.** Debtor(s) Case No. _____
Chapter **7**

VERIFICATION OF CREDITOR MATRIX

I, the Vice President, Secretary of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **December 30, 2019**

/s/ Yannis Contos
Yannis Contos/Vice President, Secretary
Signer/Title

A-1 Exterminators
P.O. Box 310
Lynn, MA 01903

Allways Health Partners
399 Revolution Drive
Somerville, MA 02145

Beau's Seafood
9 Fish Piers Street E
Boston, MA 02210

Boston Lobster Company
345 W 1sst Street
Boston, MA 02127

City of Boston
One City Hall Square
Boston, MA 02201

Comcast Business
PO Box 70219
Philadelphia, PA 19176

Cram Seafood Company
145 Shirley Street
Boston, MA 02119

Dex-YP
PO Box 619810
DPW Airport
Dallas, TX 75261

Emcor Services
80 Hawes Way
South Walpole, MA 02071

Eversource
PO Box 56007
Boston, MA 02205

Horizon Beverage Company
45 Commerce Way
Norton, MA 02766

HT Berry Co., Inc.
50 North Street
Canton, MA 02021

Ipswich Maritime Products
PO Box 388
Ipswich, MA 01938

Ipswich Shellfish Co.
8 Hayward Street
Ipswich, MA 01938

James Hook & Co.
15-17 Northern Avenue
Boston, MA 02210

John Nagle Co.
306 Northern Avenue
Boston, MA 02210

JRM Hauling & Recycling Service
265 Newbury Street
Peabody, MA 01960

Keezer Sportswear & Landmark Graphics
106 Finnell Drive, Suite 5
Boston, MA 02118

Kyler's Catch Seafood
2 Washburn Street
Peabody, MA 01960

Lavallee's Bakery Distributors
117 Beaver Street
Waltham, MA 02452

Lenox-Martel, Inc.
89 Heath Street
Jamaica Plain, MA 02130

Liberty Mutual Insurance
PO Box 2839
New York, NY 10116

Maine Coast Shell Fish LLC
15 Hannaford Drive #2
York, ME 03909

Martinez Seafood Inc.
212 Northern Avenue
Boston, MA 02210

Massachusetts Department of Revenue
Bankruptcy Unit
P.O. Box 9564
Boston, MA 02114

Massachusetts Port Authority
One Harborside Drive, Suite 200S
East Boston, MA 02128-0290

Miller & Bisson PC
One Dundee Park, Suite 3
Andover, MA 01810

National Grid
P.O.Box 11735
Newark, NJ 07101

NE Coffee
100 Charles Street
Malden, MA 02148

Primarque Products Co.
100 Grand Street
Worcester, MA 01610

Sysco
99 Spring Street
Plympton, MA 02367

The Farmland
415 Main Street
Wakefield, MA 01880

Truro Vineyards of Cape Cod, LLC
PO Box 834
11 Shore Road, Rte 6A
North Truro, MA 02652

**United States Bankruptcy Court
District of Massachusetts**

In re **No Name Restaurant, Inc.** Debtor(s) Case No. _____
Chapter **7**

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **No Name Restaurant, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

December 30, 2019
Date

/s/ David B. Madoff
David B. Madoff 552968
Signature of Attorney or Litigant
Counsel for **No Name Restaurant, Inc.**
Madoff & Khoury LLP
124 Washington Street, Suite 202
Foxborough, MA 02035
508-543-0040 Fax:508-543-0020
alston@mandkllp.com