

A. Ralph Mollis, Secretary of State Corporations Division Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222,3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009
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.1. 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(cdd)) is
subject to a penalty fee of \$25.00	, , , , , , , , , , , , , , , , , , , ,

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1. Corporate ID No. 46460	2. Name of Corporation All American Foods, Inc.					
3. Street Address Principal Business Office One All American Way			North Kingstown	State RI	^{Zip} 02852	
t. Business Phone No. 5. State of Incorporation Rhode Island						
6. Brief Description of the Character of WHOLESALER OF MEAT,	of Business Conducted in R SEAFOOD, DRY GO	bode Island DODS AND PAPER GO	DODS	William		
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) [FILL IN SPACE	S BEFORE USING	ATTACHMENTS	
President Name Leon A. Panteleos			Vice President Name			
Street Address One All American Way		Street Address				
City North Kingstown	State RI	^{Ζip} 02852	City	State	Zip	
Secretary Name Leon A. Panteleos			Treasurer Name Leon A. Panteleos			
Street Address One All American Way			Street Address One All American Way			
City North Kingstown	State RI	^{Zip} 02852	City North Kingstown	State RI	^{Zip} 02852	
	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) TILL IN SPA	CES BEFORE USING	G ATTACHMENTS	
Director Name Leon A. Panteleos			Director Name			
Street Address			Street Address			
One All American Way						
North Kingstown	State RI	2ip 02852	City	State	Zip	
Director Name	.)] 02032	Director Name			
Street Address		Street Address				
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.		2,200	Common	No Par Value		
This report must be executed this report must be executed this report must be executed. File Date Check No. EB 1 0 2009 By: By	on behalf of the corporate on behalf of the corporate of	poration by an authorize oration by the receiver	Under penalty of perjury including any accompan contained herein are true bignature Leon A. Panteleo Print or Type Name	, I declare and affirm the ying seepedules and state and correct.	hat I have examined this report tements, and that all statements. 2-3-c9 Date	
FOR SECRETARY OF STA	ATE USE ONLY		President			
		1	Title		Form 630 Rev. 08/08	