

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 630 Rev. 08/08

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010
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(e&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 46460	2. Name of Corpo All American	2. Name of Corporation All American Foods, Inc.				
3. Street Address Principal Business Office One All American Way			North Kingstown	RI RI	02852	
4. Business Phone No. 5. State of Incorporation Rhode Island						
6. Brief Description of the Churacter WHOLESALER OF MEAT,	SEAFOOD, DF	RY GOODS AND PAPER G				
7. NAMES AND ADDRESSE: President Name Leon A. Panteleos	S OF THE OFFIC	CERS: ("X" BOX FOR ATT)	ACHMENT) FILL IN SE	PACES BEFORE USING	ATTACHMENTS	
Street Address One All American Way			Street Address			
City North Kingstown	State RI	Zip 02852	Clly	State:	Zip	
Secretary Name Leon A. Panteleos			Treasurer Nume Leon A. Panteleos			
Street Address One All American Way			Street Address One All American Way			
North Kingstown	State RI	^{Ζip} 02852	North Kingstown	State RI	02852	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR AT. Director Name Leon A. Panteleos			Director Name			
Street Address One All American Way			Street Address			
City North Kingstown	State RI	21p 02852	СПу	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	Сйу	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			f Number of Shares	Class/Series	Par Value	
			2,200	Common	No Par Value	
	- d an habalf of t	he corporation by an author	rived representative. If the o	corporation is in the hand	ds of a receiver or truste	
this report must be execute	ed on behalf of the	ne corporation by the receiv	er or trustee.	•		
			including any acc	perjury, I declare and affirm ompanying schedules and s ure true and correct.	n that I have examined this restatements, and that all state	
File Date FILED			Signature		3-1-10 Date	
Check NMAR 0 9 2010			Leon A. Panteleos Print or Type Name			
By: By FOR SECRETARY OF	STATE USE ONLY		President			
FOR SECRETARY OF	GAMIN COR OVER	I	Title			

Title