



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401 222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

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(c6d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 118951		2. Name of Corporation BABY ELLIOTT'S FROZEN LEMONADE, INC.	
3. Street Address Principal Business Office 54 WHITMAN DRIVE		City NORTH KINGSTOWN	State RI
4. Business Phone No. 401-885-0069		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island MANUFACTURING AND WHOLESALE AND RETAIL SALES OF FROZEN LEMONADE AND RELATED PRODUCTS			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name PETER G. PALUMBO		Vice President Name AMALIA ELLIOTT	
Street Address 54 WHITMAN DRIVE		Street Address 54 WHITMAN DRIVE	
City NORTH KINGSTOWN	State RI	City NORTH KINGSTOWN	State RI
Zip 02852		Zip 02852	
Secretary Name AMALIA ELLIOTT		Treasurer Name PETER G. PALUMBO	
Street Address 54 WHITMAN DRIVE		Street Address 54 WHITMAN DRIVE	
City NORTH KINGSTOWN	State RI	City NORTH KINGSTOWN	State RI
Zip 02852		Zip 02852	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name PETER G. PALUMBO		Director Name AMALIA ELLIOTT	
Street Address 54 WHITMAN DRIVE		Street Address 54 WHITMAN DRIVE	
City NORTH KINGSTOWN	State RI	City NORTH KINGSTOWN	State RI
Zip 02852		Zip 02852	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares 1,000 NO PAR VALUE	Class/Series	Par Value	
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares NONE	Class/Series	Par Value	

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.



118951

File Date	FILED
Check No.	OCT 09 2007
By	By 34344 1197
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.

Signature *Peter G. Palumbo* Date 10/8/07
PETER G. PALUMBO
 Print or Type Name
PRESIDENT
 Title