



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 | Zip 02852 |
| 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: (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILE BY 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 | Zip 02852 | City NORTH KINGSTOWN | State RI |
| Secretary Name AMALIA ELLIOTT | | Treasurer Name PETER G. PALUMBO | | |
| Street Address 54 WHITMAN DRIVE | | Street Address 54 WHITMAN DRIVE | | |
| City NORTH KINGSTOWN | State RI | Zip 02852 | City NORTH KINGSTOWN | State RI |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILE BY 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 | Zip 02852 | City NORTH KINGSTOWN | State RI |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 9. SHARES AUTHORIZED (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| 10. SHARES ISSUED (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| AUTHORIZED SHARES | | | | |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series |
| 1,000 NO PAR VALUE | | | NONE | |
| THIS SECTION MUST BE COMPLETED | | | | |

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: **3434 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.

Peter G. Palumbo 10/8/07
Signature Date

PETER G. PALUMBO
Print or Type Name

PRESIDENT
Title