



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 62155		2. Name of Corporation Renecon, Inc.			
3. Street Address Principal Business Office 50 Cedar Swamp Road, Unit 1			City Smithfield	State RI	Zip 02917
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island OWNERSHIP AND OPERATION OF A KENTUCKY FRIED CHICKEN					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kenneth Rianna			Vice President Name Julie A. Romano		
Street Address 46 Williams Road			Street Address 63 Pleasant View Avenue		
City Smithfield	State RI	Zip 02917	City Greenville	State RI	Zip 02828
Secretary Name Irene Rianna			Treasurer Name Irene Rianna		
Street Address 46 Williams Road			Street Address 46 Williams Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kenneth Rianna			Director Name Irene Rianna		
Street Address 46 Williams Road			Street Address 46 Williams Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" 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	Par Value
1,000	NO PAR VALUE		1,000	Common	No Par
			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.

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.

Kenneth R. Rianna 1/29/08
Signature Date

Kenneth R. Rianna

Print or Type Name

President

Title

File Date: **FILED**
Check No.: **FEB 07 2008**
By: **DS-25455**
FOR SECRETARY OF STATE USE ONLY