



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. 73920		2. Name of Corporation Tucker + Casey Caterers Inc.			
3. Street Address Principal Business Office 5105 TOWERHILL Rd PO Box 372			City No Kingstown	State RI	Zip 02852
4. Business Phone No. (401) 295-7430		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Catering Business					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stuart A Tucker			Vice President Name Brian E Casey		
Street Address 55 South Rd			Street Address 108 Shady Cove Rd		
City No Kingstown	State RI	Zip 02852	City No Kingstown	State RI	Zip 02852
Secretary Name Stuart A Tucker			Treasurer Name Brian E Casey		
Street Address 55 South Rd			Street Address 108 Shady Cove Rd		
City No Kingstown	State RI	Zip 02852	City No Kingstown	State RI	Zip 02852
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address N/A			Street Address N/A		
City	State	Zip	City	State	Zip
Director Name None			Director Name NONE		
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	COMM	NO PAR VALUE	1000	COM	NO PAR

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.

Signature: *Brian E Casey* Date: 2/8/08
Print or Type Name: Brian E Casey
Title: Vice President

FILED
File Date: FEB 12 2008
Check No.: DS-194191
By: [Signature]
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