



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. 000259679		2. Name of Corporation Sonic Industries Services Inc.			
3. Street Address Principal Business Office 300 Johnny Bench Drive			City Oklahoma City	State OK	Zip 73104
4. Business Phone No. 405-225-5222		5. State of Incorporation Oklahoma			
6. Brief Description of the Character of Business Conducted in Rhode Island To provide servies to Sonic Drive-In restaurants					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name W. Scott McLain			Vice President Name Paige S. Bass		
Street Address 300 Johnny Bench Drive			Street Address 300 Johnny Bench Drive		
City Oklahoma City	State OK	Zip 73104	City Oklahoma City	State OK	Zip 73104
Secretary Name Carolyn C. Cummins			Treasurer Name Claudia San Pedro		
Street Address 300 Johnny Bench Drive			Street Address 300 Johnny Bench Drive		
City Oklahoma City	State OK	Zip 73104	City Oklahoma City	State OK	Zip 73104
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name W. Scott McLain			Director Name Cliff Hudson		
Street Address 300 Johnny Bench Drive			Street Address 300 Johnny Bench Drive		
City Oklahoma City	State OK	Zip 73104	City Oklahoma City	State OK	Zip 73104
Director Name Paige S. Bass			Street Address		
Street Address 300 Johnny Bench Drive			City		
City Oklahoma City	State OK	Zip 73104	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
5,000,000.00	CWP/A	\$0.01	2,000,001.77	CWP/A	\$0.01
1,000,000.00	CWP/B	\$0.01	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.

FILED

File Date: FEB 25 2008

Check No. By: 1108133

By: _____

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: Paige S. Bass Date: 2-7-08

Print or Type Name: Paige S. Bass

Title: Vice President