



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. 38342		2. Name of Corporation ISLAND CATERERS, INC.			
3. Street Address Principal Business Office 2 Ferry Street			City New London	State CT	Zip 06320
4. Business Phone No. 860-443-7394		5. State of Incorporation CONNECTICUT			
6. Brief Description of the Character of Business Conducted in Rhode Island FOOD SERVICE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John P. Wronowski			Vice President Name Thomas F. Tyrseck		
Street Address 55 Oakland Drive			Street Address 266 Cove Road		
City Oakdale	State CT	Zip 06370	City Stonington	State CT	Zip 06378
Secretary Name Adam C. Wronowski			Treasurer Name John P. Wronowski		
Street Address 10 Pearl Street			Street Address 55 Oakland Drive		
City Mystic	State CT	Zip 06355	City Oakdale	State CT	Zip 06370
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John P. Wronowski			Director Name Thomas F. Tyrseck		
Street Address 55 Oakland Drive			Street Address 266 Cove Road		
City Oakdale	State CT	Zip 06370	City Stonington	State CT	Zip 06378
Director Name Adam C. Wronowski			Director Name		
Street Address 10 Pearl Street			Street Address		
City Mystic	State CT	Zip 06355	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares			Class/Series		
5,000 COMM NO PAR VALUE					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares		Class/Series		Par Value	
400		Common/Voting		A	
		Common/Nonvoting		B	

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: *John P. Wronowski* Date: 2/11/08  
Print or Type Name: John P. Wronowski  
Title: President

**FILED**  
File Date: FEB 25 2008  
Check No.: 1553  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV