

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 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. 7-12-1501(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					
1. Corporate ID No.	2. Name of Corporation	_	1		
88424		JONG, CORF	7	State	Zip
3. Street Address Principal Busin 343 Bro	ess Office		Providence	PI	02907
4. Business Phone No. (401) 421-	5104	5. State of Incorporation	Island		
6. Brief Description of the Chara FAST FOO	cter of Business Conducted in	ı Rhode İsland			
7. NAMES AND ADDRES	SES OF THE OFFICER	S: ("X" BOX FOR ATTA	CHMENT) ☐ FILL IN SPA	ACES BEFORE USING ATT	ACHMENTS
President Name			Vice President Name		
MARCO A. WONG  Street Address			Street Address		
60 RIDGE	FIELD	De	•	<u> </u>	
E. GREENWI	CU State RI	02818	City	State	Zip
Secretary Name ROBERTA	Sectional contraction of the con	***************************************	Treasurer Name	••••••	
ROBERTA M. WONG			Street Address		
60 RIDGEF	FIELD DR				
f GD ( ( ) )	State R I	02818	City	State	Zip
8. NAMES AND ADDRES	SES OF THE DIRECTO	ORS: ("X" BOX FOR AT	FACHMENT) [] FILL IN S	SPACES BEFORE USING A	<b>TTACHMENTS</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
			Street Address		
Street Address			SHEEL 211419 (535		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZE	 D <i>("X" BOX FOR ATI</i>	↓ TACHMENT) □	in 10. Shares issued (	("X" BOX FOR ATTACHM	ENT) [
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 NO PAR VALUE COMMON			20	COMMON	NO PAR
This report must be exec	uted on behalf of the co	orporation by an authoriz	ed representative. If the con	rporation is in the hands of	a receiver or trustee,
this report must be execu	ited on behalf of the co	rporation by the receiver	or trustee.		
		FILED			
	ED	SEP 0 4 200	Under penalty of per	rjury, I declare and affirm that	I have examined this repents, and that all statements
SEP 096 20084 7- 175 BY 04724			including any accompanying schedules and statements, and that all stateme contained harein are true and correct.		
The Dan	CENMA 4-93	S GANZ	1:34 Signature		9/ <b>4</b> /0 <u>8</u> Date
Check No. By	VIO SMUTTAROSM	oo ''	MARCO 1	4. WONG	
Ву:	03/192	<u>_</u>	Print or Type Name	(	
I "	でにいい		treside	<b>L</b> ET	