

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

2009

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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.I. 7-1.2-1501(c) each corporation failing or refusing to file its ground report within thirty (30) days often the size assembled by Jan. (B.I.G.I. 7-1.2-15)

| subject to a penalty fee of \$25 | 5.00. | ration failing or refusing to file its ar | man report within thirty (50) augs u | ter the time prescribed by lau | (K.I.G.L. /-1.2-1501(c&a)) u | | | |
|--------------------------------------------------------------------------------------------------------|----------------------------------------|---------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--|--|--|
| 1. Corporate ID No. 93210 | 2. Name of Corpo Uncl | e Tony's USA, | | | | | | |
| 3. Street Address Principal B 312 South M | usiness Office lain Street | | Providence | State R I | ^{zip} 02903 | | | |
| 4. Business Phone No. | | | | | | | | |
| (401)738-1321 Rhode Is1s 6 Brief Description of the Character of Business Conducted in Rhode Island | | | and | · | | | | |
| | | | ants, cafes, f | ranchises | | | | |
| President Name | esses of the offic Jourabchi | ERS: ("X" BOX POR ATT. | CHMENT) FILL IN SPA | ces before using / rosi | ATTACHMENTS | | | |
| Street Address 4 White Birch Circle | | | Street Address 35 RANKIN AVENUE | | | | | |
| Scituate | State R I | 02831 | City Providence | State R I | ^{Zip} 02908 | | | |
| Secretary Name | | | Treasurer Name | | *************************************** | | | |
| Street Address | eet Address | | Street Address | | | | | |
| City | State | Zip | City | State | Zip | | | |
| A NAMES AND ADDR Director Name None Street Address | ESSES OF THE DIREC | TORS: (*X* BOX FOR AT | TACHMENT) FILL IN SP Director Name Street Address | ACES BEFORE USING | ATTACHMENTS | | | |
| | | | | | | | | |
| City | State | Zip | City | State | Zip | | | |
| Director Name | | | Director Name | | | | | |
| Street Address | | · · · · · · · · · · · · · · · · · · · | Street Address | | | | | |
| City | State | Zip | City | State | Zip | | | |
| 9. SHARES AUTHORIZ 8,000 \$1.00 | PAR VALUE | | 10: SHARES ISSUED (*) | to the control of the | MBNT) | | | |
| This information is cur | rrently of record in the | Office of the Secretary of | Number of Shares | Class/Series | Par Value | | | |
| State. Changes require instruction sheet. | e an additional filing. | See Section 9 of | 100 | Common | 1.00 | | | |
| | | | THE SECTION | | | | | |
| | | corporation by an authorize corporation by the receiver | ed representative. If the corpor or trustee. | oration is in the hands | of a receiver or trustee, | | | |

| File Date | FJ | | D. | | | | |
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| 4.5 | OR! | SECRE | TARY (| of Sta | CE USE | ONLY | |

| including any contained here | accompa in are tr | nying scheoue and corre | lules and s | tatements, | and th | ined this report, at all statements |
|------------------------------|----------------------|-------------------------|-------------|------------|--------|----------------------------------------|
| Signature | W | nll | | Date | | 1-6-0 |
| Pamela | Ann | Joura | bchi | | | |
| Print or Type N | ame | | | | | |
| Preside | nt | | | | | _ |
| Title | | | | Fo | rm 630 |) Rev. 08/08 |