

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 2006

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. 7-1.2-1 subject to a penalty fee of \$25.00.	501(e), each corporation fa	iling or refusing to file its anni	ial report within thirty (30) days after	the time prescribed by law (R.I.	G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 150567	2. Name of Corporation RYAN'S MARKE	Name of Corporation YAN'S MARKET, INC				
3. Street Address Principal Business Office 70 BROWN STREET			NORTH KINGSTOWN	State RI	<i>Ζip</i> <b>02852</b>	
4. Business Phone No. 5. State of Incorporation RHODE ISLAND						
6. Brief Description of the Character of To engage in the sale of gro	ceries, deli items, ar	nd meats.			60 <b>00</b>	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS 20 20 20 20 20 20 20 20 20 20 20 20 20						
President Name			Vice President Name			
Edwin J. Ryan			Edwin J. Ryan			
Street Address 781 Ten Rod Road			Street Address 781 Ten Rod Road			
North Kingstown	State Rhode Island	<sup>Zip</sup> 02852	City North Kingstown	State Rhode Island	<i>Zip</i> 0 <b>2:6</b> 52 □ □	
Secretary Name Edwin J. Ryan			Treasurer Name Edwin J. Ryan			
Street Address 781 Ten Rod Road		Street Address 781 Ten Rod Road				
North Kingstown	State Rhode Island	<sup>Zip</sup> 02852	City North Kingstown	State Rhode Island	<sup>Zip</sup> 02852	
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) 🔲 FILL IN SPA	CES BEFORE USING AT	TACHMENTS	
Director Name Edwin J. Ryan			Director Name			
Street Address			Street Address	N1	(,,	
781 Ten Road Road				200	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
City	State	Zip	City	State	Zipt	
North Kingstown	Rhode Island	02852		Jan Daniel Company	A Property of the second	
Director Name			Director Name			
Street Address		Street Address				
City	State	Zip	City:	State	Zip I	
9. SHARES AUTHORIZED	1	•	10. SHARES ISSUED ("X"	BOX FOR ATTACHME	$\mathbf{v}_{T}$ ) $\Box^{\mathbf{v}_{1}}$	
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is summed.	of record in the Offi	as of the Country of	Number of Shares	Class/Series	Par Value	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			1000	Common	No Par Value	
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	Under penalty of perjury, I declare and aff including any accompanying schedules an	
File Date	AN 1 4 2009	contained heroin are true and correct.  Signature	18/25/08 Date
Check No. By_	2:37	Edwin J. Ryan Print or Type Name	
By: FOR SECRETARY OF STATE USE ONLY	3.7	President Title	