

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

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(ccrd)) is

subject to a penalty fee of \$25.00.			1	1	
1. Corporate ID No. 113318	2. Name of Corp DELVIN Co	ORPORATION			
3 Street Address Principal Business Office PO BOX 995			LITTLE COMPTON	State RI	^{Zip} 02837
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Charact TO CONDUCT THE BUS		cted in Rhode Island VIDING FOOD SERVICE TO	O THE PUBLIC		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name VASILIOS KYROS			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name SOLTIRIA KYROS		
Street Address 20 COMMONS, PO 995		Street Address 20 COMMONS, PO 995			
City LITTLE COMPTON	State R1	^{ズ炉} 02837	City: LITTLE COMPTON	State RI	^{χιρ} 02837
Secretary Name VASILIOS KYROS			Treasurer Name SOLTIRIA KYROS		
Street Address 20 COMMONS, PO 995		Street Address 20 COMMONS, PO 995			
City LITTLE COMPTON	State RI	^{Zip} 02837	City LITTLE COMPTON	State RI	^{Zip} 02837
8. NAMES AND ADDRESS: Director Name VASILIOS KYROS	ES OF THE DIRE	CTORS: ("X" BOX FOR AT	TACHMENT) THE FILL IN SP Director Name SOLTIRIA KYROS	ACES BEFORE USING	G ATTACHMENTS
Street Address 20 COMMONS, PO 995			Street Address 20 COMMONS, PO 995		
City LITTLE COMPTON	State RI	Ζιρ 02837	City LITTLE COMPTON	State RI	Zip 02837
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	I	I	10. SHARES ISSUED (") ISSUED SHARES — THIS SECTION		HMENT)
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value
State. Changes require an instruction sheet.	-	•	100	COMMON	1.00
•		ne corporation by an authorize corporation by the receiver	ed representative. If the corp or trustee.	oration is in the hand	s of a receiver or trustee,

_
٠

Under penalty of perjury	, I declare and affirm	that I have examined this re
		tatements, and that all stater
contained herein are true	and confect.	1.11
"Vasellos	him	3/1/04
Signature	1	Date /
VASILIOS KYRO	os	
Print or Type Name		
PRESIDENT		
Title		