

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 2009

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.	2. Name of Corporation				
			INC		
3. Street Address Principal Business Office			City	State	Zip
745 MINERAL S	PRING AVE		PAWTUCKET	l _R T	02860
i. Business Phone No. 5. State of Incorporation					——————————————————————————————————————
SUBWAY SANDWICH SHOP					
6 Brief Description of the Character o	f Business Conducted in k	Bode Island			
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7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) FILL IN SPA	CES BEFORE USING A	TTACHMENTS
President Name			Vice President Name		
PAT E SCETTA			DAM D CODMEA		
Street Address			: PAT E SCETTA : Street Address		
1500 DOUGLAS TURNPIKE			1500 DOUGLAS TURNPTKE		
City	State	Zip	:	State	Zip
HARRISVILLE	RI	1 '	•		
Secretary Name	r	.l02830	HARRISVILLE	RI	l0.2830
•					
PAT E SCETTA Street Address			PAT E SCETTA Street Address		
1500 DOUGLAS TURNPIKE			1500 DOUGLAS TURNPIKE		
City		1705			
HARRISVILLE	State RI	^{Zip} 02830	City HARRISVILLE	State	7.4p
8. NAMES AND ADDRESSES	1	1	•	RI	02830
Director Name	OF THE DIRECTOR	5: ("A" BOX FOR AII.	ACHMENT) FILL IN SE	ACES BEFORE USING	ATTACHMENTS
Director rume			Threcioi Mime		
Street Address			Street Address		
Street Address			Street Address		

City	State	Zip	City	State	Zip
**************]	.]	• • •		
Director Name			Director Name		
Street Address			Street Address		
	<u>,</u>		<u>:</u>		
City	State	Zip	Сиу	State	Zip
	•		1 1 5		
9. SHARES AUTHORIZED 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.			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			ISSUED SHARES THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Valne
			100	COMMON	NO PAR
monute in an ext.					·········
This report would be seened to	on babult of the serve	onation by an arriban's	d representative test	oration in the third to	of a mani
This report must be executed this report must be executed or				oration is in the hands.	or a receiver or trustee,
this report must be executed t	on behavior the corpo	oration by the receiver t	n trustee.		
			Under penalty of perju	ry, I declare and affirm the	at I have examined this repo
		_	including any accomp	anying schedules and state	ements, and that all stateme
FILE	in .		contained herein are to	ue and correct.	
File Date	n Haf	1	v Rad Sulta 1/30/09		
	2000		Signature	i Atti	1 / 30 / 09 Date
Check No. FEB 13	CIN	ļ			Dim
By:			PAT E SCETTA		
			Print or Type Name		
			PRESIDENT		
FOR SECRETARY OF STA	TE USE ONLY		Title		
		1	ruse		Form 630 Rev. 08/08