

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615 401.222.3040

Corporate ID No. 91045	MEL/KIM	2 Name of Corporation MEL/KIM SYSTEMS, INC.					
Street Address Principal Bus 5687 Post Road	itreet Address Principal Business Office 687 Post Road			State RI	7ip 02818		
Business Phone No. 401-886-7621	5. State of Incorporation Rhode Island		East Greenwich		02010		
Brief Description of the Char retai	actor of Business Cond l sale of	ncted in Rhode Island food items	-				
. NAMES AND ADDRE resident Name Sandra J. Morton	SSES OF THE OF	FICERS: ("X" BOX FOR ATTA	ACHMENT) TELL IN Vice President Name	SPACES BEFORE USING	G ATTACHMENTS		
<i>treet Address</i> 30 Whitehead Road			Street Address				
Coventry	State RI	^{Zip} 02816	City	State	Zip		
ecretary Name Charles A. Morton		J.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Treasurer Name Charles A. Morton	Treasurer Name Charles A. Morton			
eet Address 30 Whitehead Road		Street Address 130 Whitehead Road					
oventry	State RI	Ζψ 02816	City: Coventry	State RI	2ip 02816		
NAMES AND ADDRES	SSES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) TELL I	N SPACES BEFORE USIN			
rvet Address		Street Address					
<i>(</i>):	State	Zip	ϵu_{V}	State	Zip		
rector Name			Director Name		l		
reet Address		***************************************	Street Address				
Y	State	Zip	СИр	State	Ζψ		
SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES THIS SECTION MUST BE COMPLETED					
his information is currently of record in the Office of the Secretary of tate. Changes require an additional filing. See Section 9 of astruction sheet.		Number of Shares	Class/Series	Par Value			
		. Sec Section 9 of	100	Common	none		
				·			
is report must be execu-	ited on behalf of t ted on behalf of th	he corporation by an authorize e corporation by the receiver o	d representative. If the cor trustee.	corporation is in the hand	s of a receiver or tru		

File Date FEB 1 9 2009 Check No. By FOR SECRETARY OF STATE USE ONLY

inder penalty of perjury,	I declare and affire	n that I have exan	nined this report
reluding any accompany	ing schedules and		
ontained herein are true	and correct.	,	
Sauli (). N	lotor	2/17/09	

Signature

Sandra J. Morton Print or Type Name

President

Title

Form 630 Rev. 08/08