

FEB 2 5 2009

FOR SECRETARY OF STATE USE ONLY

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

A. Ralph Mollis, Secretary of Sta Corporations Division 148 W. River Stre

2009

Providence, RI 02904-26. 401.222.30

Street Address   Principal Business Office   State of Incorporation   Foster   RI   Q2825     Business   Principal Business Office   State of Incorporation   Foster   RI   Q2825     Business   Principal Business Combinated   State of Incorporation   Rode I Stand     Comparison   Stand   Stand   Rode I Stand     Comparison   Stand   Stand   Stand   Rode I Stand     Comparison   Stand   Stand   Stand   Rode I Stand     Comparison   Stand	aw (R.I.G.L. 7-1.2-1501(c&d))  1. Corporate 1D No			A		
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Foster   RI   02825     Institute Procession   Processi			, 1110.	City	State	Zip
Source Phone No	•			•		<u>'</u>
Street Address   Stre			5 State of Incorporatio	n		
To merchandise, sell, offer for sale, and distribute at wholesale and retail food and related products of all kinds  1. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  **Treat-Address**  E1i Berkowitz  **Street Address**  67 Cucumber Hill Road  67 Cucumber Hill Road  68 Foster  Foster				land		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Forestand Name  Eli Berkowitz  Eli Berkowitz  Street Address  67 Cucumber Hill Road  City Foster RI 02825   Foster RI 02825   Street Address  Eli Berkowitz  Street Address  Foster Fos						
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Foster RI 02825 Foster RI 02825  Eli Berkowitz  Street Address  67 Cucumber Hill Road  67 Cucumber Hill Road  68 Cucumber Hill Road  Cuy State RI 02825 Foster RI 02825  5. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name  Street Address  City State Cap State  City State Cap State  City State Cap Timester Name  City Ca			Zio			Zio
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3. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name    Director Name   Director Name	City		<b>j</b> '	City	State	Ζψ
Street Address  Street Address				: Foster_	RI	02825
Street Address  City State  Ztp  City State  Director Name  Director Name  Street Address  State  Ztp  To. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES  SSUED SHARES — THIS SECTION MUST BE COMPLETED  Number of Shares  Class/Scries  Par Value  100  Common  No Par Value  51  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,		S OF THE DIRE	CTORS: ("X" BOX FOR A		N SPACES BEFORE USIN	IG ATTACHMENTS
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Director Name  Director Name  Street Address  Street Address  Street Address  Street Address  Street Address  Street Address  State  Zip  Cay  State  Zip  10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES - THIS SECTION MUST BE COMPLETED  Number of Shares  Class/Scries  Par Value  100  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,	City	State	Zip	City	State	Zib
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"iling 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

> Signature Eli <u>Berkowitz</u> Print or Type Name President Title

contained berein are true and correct.

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen