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FOR SECRETARY OF STATE USE ONLY

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 2008
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(e&d)) is

subject to a penalty fee of 3	25.00.					
1 Corporate II) No. 161653	2 Name of Corpo	Se Deli & Piz	20 Dlus			
3. Street Address Principal	Business Office	DE DETI FIZ	City	State	Zip.	
4 Business Phone No.	ase Rd.	5. State of Incorporation	Portsmouth	$R, \pm \cdot$	02871	
1 401-683-5800 Rhode I						
6. Brief Description of the	Character of Rusiness Conduct	ad in Dhada Island		Nanha		
7. NAMES AND ADD	Deli-Resta	UIUITT ICKE CERS: ("X" BOX FOR ATT	out - Delivery -	DITE II)		
		DOX FOR HIT	Vice President Name	ES BEFORE USING	ATTACHMENTS	
Michael Proulx			none			
35 Masc	on Avenue	-	Stroot Address			
Ports.	State R.I	· 02871	City·	State	Zip	
Secretary Name			Treasurer Name	P	•••••••••••	
Street Address			Jacqueline Proulx			
				25 Mason Avenue		
Cit _i	State	Zip	Cin.	State	Zip and Girls	
8. NAMES AND ADD	RESSES OF THE DIREC	TORS: ("X" BOX FOR AT	: ↑○(`\⊃` TACHMENT)	CES BEFORE USING	ATTACHMENTS	
Director Name \(\int \lambda \gamma \cap \lambda \rangle \)			Director Name			
Street Address			Street Address			
City						
,	State	Zip	City	State	Zip	
Director Name	· · · · · · · · · · · · · · · · · · ·		Director Name			
N6NC Street Address			none			
			Street Address			
City .	State	Zip	Chy	State	Zip	
9. SHARES AUTHORI	ZED	1	10 SHARRS ISSUED C"V"	POV FOR APPLICA		
			10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION	MUST BE COMPLETED	MENT) [
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of			Number of Shares	Class/Series	Par Value	
instruction sheet.	e an additional filing. S	see Section 9 of	7500.00	STK	0.01	
					1 0.01	
This report must be ex	ecuted on behalf of the	cornoration by an authoriza	d roman and in Total	<u> </u>		
this report must be exe	cuted on behalf of the c	orporation by the receiver of	d representative. If the corporator trustee.	ation is in the hands of	of a receiver or trustee,	
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			Under penalty of perjury, including any accompany	I declare and affirm that	t I have examined this report	
FILE	:D		contained herein are true	and correct.	ments, and that all statement	
FEB 27	2000		<u>Jacquele</u>	ne trou	4 2-23-09	
Check No.			Signature 1)		Date	

TREASURER