



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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. 19485		2. Name of Corporation Interstate Food Equipment Service Inc			
3. Street Address Principal Business Office 34 South St			City Somerville	State MA	Zip 02143
4. Business Phone No. 617-828-1930		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sam Moy			Vice President Name		
Street Address 305 Ministerial DR			Street Address		
City Concord	State MA	Zip 01742	City	State	Zip
Secretary Name Evadne Moy			Treasurer Name Evadne Moy		
Street Address 305 Ministerial Dr			Street Address 305 Ministerial Dr		
City Concord	State MA	Zip 01742	City Concord	State MA	Zip 01742
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Sam Moy			Director Name Evadne Moy		
Street Address 305 Ministerial Dr			Street Address 305 Ministerial Dr		
City Concord	State MA	Zip 01742	City Concord	State MA	Zip 01742
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 1000	Class/Series Common	Par Value none

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, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED	
File Date	MAR 06 2009
Check No.	By 53897
By:	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Evadne Moy
Signature

Date

Evadne Moy

Print or Type Name

Treasurer

Title