

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- subject to a penalty fee of \$25.00.	1501(e), each corporation fa	iling or refusing to file its ann	ual report within thirty (30) days	after the time prescribed by la	เพ (R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 397429	1	2. Name of Corporation Alen Food Enterprises, Inc.				
3. Street Address Principal Business Office 1690 West Shore Road			^{City} Warwick	State R.I.	^{Zip} 02889	
4. Business Phone No. 5. State of Incorporation 401-921-5875 Rhode Island						
6. Brief Description of the Character of Business Conducted in Rhode Island Restaurant/Deli						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
Abdou Saab			Abdou Saab			
76 Grove Avenue			Street Address 76 Grove Avenue			
Warwick	State R.I.	^{<i>Zip</i> 02889}	City Warwick	State R.I.	^{Zip} 02889	
Secretary Name Abdou Saab			Treasurer Name Abdou Saab			
Street Address 76 Grove Avenue			Street Address 76 Grove Avenue			
City Warwick	State R.I.	^{Zip} 02889	City Warwick	State R.I.	^{Zip} 02889	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) 🗍 FILL IN S	PACES BEFORE USIN	G ATTACHMENTS	
Director Name Abdou Saab			Director Name			
76 Grove Avenue			Street Address			
City	State	Zip	City	State	Zip	
Warwick	R.I.	02889				
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently	of record in the Offic	e of the Secretary of	Number of Shares	Class/Series	Par Value	
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.			150	Common	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.						
			Under penalty of peri	ury, I declare and affirm t	that I have examined this report.	

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

including any accompanying schedules and contained herein are true and correct.	
112 80	2-78-69
Signáture	Date
Abdou Saab	
Print or Type Name	
President	