

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

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

Corporate ID No. 1653 75	2 Name of Corp Popcorn G	2 Name of Corporation Popcorn Guys Enterprises, Inc.				
3. Street Address Principal Business Office 259 Sowams Road			<i>си</i> у Barringto n	State RI	^{Zφ} 02806	
4 Business Phone No 5. State of Incorporation 401-245-2654 RHODE ISLAN						
RÉTAIL AND WHOLE	ESALE SALES OF P	OPCORN, EQUIPMENT A	ND SUPPLIES			
	ESSES OF THE OFFI	CERS: ("X" BOX FOR ATT		SPACES BEFORE USING	ATTACHMENTS	
President Name Michele P. Cross			Vice President Name Lisa Marie Patterson			
Street Address 259 Swoams Road			Street Address 8 Brittney Lane			
Barrington	State RI	^{Zip} 02806	сиу Warren	State RI	^{zip} 02885	
Secretary Name Louise Beirne			Treasurer Name Lisa Marie Patterson			
Street Address 12 Fountain Avenue			Street Address 8 Brittney Lane			
շար Barrington	State RI	^{Zip} 02806	<i>Сиу</i> Warren	State RI	7.ip 02885	
B. NAMES AND ADDE Director Name Michele P. Cross	RESSES OF THE DIRI	ECTORS: ("X" BOX FOR A	TTACHMENT) TILL Director Name Louise Beirne	IN SPACES BEFORE USIN	IG ATTACHMENTS	
Street Address 259 Sowams Road			Street Address 12 Fountain Avenue			
City	State	<i>Zip</i> 02806	City	State RI	Zip 02806	
Barrington Director Name	JRI	J02606	Barrington Director Name		[02800	
Lisa Marie Patterson			None			
strect Address 8 Brittney Lane			Street Address			
City Warren	State RI	^{Zip} 02885	Сиу	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is m	urrently of record in t	he Office of the Secretary o	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.			800	common	\$.01	
This report must be exthis report must be ex	xecuted on behalf of t	the corporation by an author he corporation by the receive	ized representative. If the er or trustee.	e corporation is in the han	ds of a receiver or tru	
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including any accompanying schedules and statements, and that all statements contained herein are true and correct. File Date ____FILED Check No. MAR 0 6 2009 Michele P. Cross Print or Type Name President FOR SECRETARY OF STATE USE ONLY Title Form 630 Rev. 08/08