



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 000074883		2. Name of Corporation South Kingston Food Services, Inc.			
3. Street Address Principal Business Office 323 Manley Street			City West Bridgewater	State MA	Zip 02379
4. Business Phone No. 508-586-8456		5. State of Incorporation Rhode Island			6. SIC Code 3081
7. Brief Description of the Character of Business Conducted in Rhode Island Sandwich and Pizza Shop Franchise					
President Name James H. McLaughlin			Vice President Name James H. McLaughlin		
Street Address 405 Broadway			Street Address 405 Broadway		
City Cambridge	State MA	Zip 02139	City Cambridge	State MA	Zip 02139
Secretary Name James H. McLaughlin			Treasurer Name James H. McLaughlin		
Street Address 405 Broadway			Street Address 405 Broadway		
City Cambridge	State MA	Zip 02139	City Cambridge	State MA	Zip 02139
Director Name James H. McLaughlin			Director Name		
Street Address 405 Broadway			Street Address		
City Cambridge	State MA	Zip 02139	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000			0	Common	0.01

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIVISION
 2008 MAR 18 AM 10:07

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FILED
MAR 24 2009
By 084525
10:33

File Date _____
Check No. _____
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.

Lisa M. Androski 6/9/08
Signature of Officer Date
Lisa M. Androski
Print or Type Name of Officer
POA - James H. McLaughlin, President
Title of Officer