



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 2003

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

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



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FILED

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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.

Signature of Officer  
Date 6/9/08

Lisa M. Androski  
Print or Type Name of Officer

POA - James H. McLaughlin, President  
Title of Officer

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By \_\_\_\_\_  
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