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 2002

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
CX00074883	South Kingston Food Services, Inc.		
3. Street Address Principal Business Office	City	State	Zip
323 Manley Street	West Bridgewater	MA	02379
4. Business Phone No.	5. State of Incorporation		6. SIC Code
508-586-8456	Rhode Island		3081

7. Brief Description of the Character of Business Conducted in Rhode Island
Sandwich and Pizza Shop Franchise

President Name			Vice President Name		
James H. McLaughlin			James H. McLaughlin		
Street Address			Street Address		
405 Broadway			405 Broadway		
City	State	Zip	City	State	Zip
Cambridge	MA	02139	Cambridge	MA	02139
Secretary Name			Treasurer Name		
James H. McLaughlin			James H. McLaughlin		
Street Address			Street Address		
405 Broadway			405 Broadway		
City	State	Zip	City	State	Zip
Cambridge	MA	02139	Cambridge	MA	02139

Director Name			Director Name		
James H. McLaughlin					
Street Address			Street Address		
405 Broadway					
City	State	Zip	City	State	Zip
Cambridge	MA	02139			
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*

05-0474867

FILED
MAR 24 2009
By 084585
10:33

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

File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY
30957-9-357831

Form 630 12/01