



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. C074883		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			
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			
Director Name James H. McLaughlin					Director Name James H. McLaughlin						
Street Address 405 Broadway					Street Address 405 Broadway						
City Cambridge		State MA		Zip 02139		City Cambridge		State MA			
Director Name James H. McLaughlin					Director Name James H. McLaughlin						
Street Address 405 Broadway					Street Address 405 Broadway						
City Cambridge		State MA		Zip 02139		City Cambridge		State MA			
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



FILED

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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

MAR 24 2009

By 084585

10:33

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

Form 630 12/01