



**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 1998**  
Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>000074883</b>		2. Name of Corporation <b>South Kingston Food Services, Inc.</b>	
3. Street Address Principal Business Office <b>323 Manley Street</b>		City <b>West Bridgewater</b>	State <b>MA</b>
		Zip <b>02379</b>	
4. Business Phone No. <b>508-586-8456</b>	5. State of Incorporation <b>Rhode Island</b>		6. SIC Code <b>3081</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Sandwich and Pizza Shop Franchise</b>			

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

Director Name <b>James H. McLaughlin</b>		Director Name	
Street Address <b>405 Broadway</b>		Street Address	
City <b>Cambridge</b>	State <b>MA</b>	Zip <b>02139</b>	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City

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**

**MAR 24 2009**  
**CM**  
**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** 6/19/08  
Signature of Officer Date  
**Lisa M. Androski**  
Print or Type Name of Officer  
**POA - James H. McLaughlin, President**  
Title of Officer