

Check No. .

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____ 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation falling or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 116553	2. Name of Corpo	2. Name of Corporation PopKitchen Co.				
3. Street Address Principal Business Office 365 HOPE STREET			PROVIDENCE	State RI	^{Zip} 02906	
4. Business Phone No. 5. State of Incorpo 401-274-8809 RHODE ISL						
6. Brief Description of the Charac COMMERCIAL DESIGN	I, CONSULTING A	AND IDENTITY BRAND				
	SES OF THE OFFIC	CERS: ("X" BOX FOR	ATTACHMENT) TILL IN S.	PACES BEFORE USIN	G ATTACHMENTS	
President Name ALFRED S. VENDITTO			SAME			
Street Address			Street Address			
7 HALSEY STREET						
City PROVIDENCE	State RI	^{Zip} 02906	Cĭţy	State	Zip	
Secretary Name SAME			Treasurer Name SAME			
Street Address			Street Address			
Сиу	State	Zip	City	State	Zip	
R NAMES AND ADDRESS	 SES OF THE DIRE	 CTORS: <i>("X" BOX FO</i>	<i>R ATTACHMENT)</i>	SPACES BEFORE USI	ING ATTACHMENTS	
Director Name			Director Name	e en	And the first to the series and a series of the series of	
ALFRED S. VENDITTO			NONE			
Street Address			Street Address			
7 HALSEY STREET					T	
City	State	Zip	City	State	Zip	
PROVIDENCE	JRI	02906	Normalian Maria			
Director Name NONE			Director Name NONE			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZE	O ("X" BOX FOR	ATTACHMENT) 🗌	10. SHARES ISSUED ISSUED SHARES — THIS SE	("X" BOX FOR ATTA	The second secon	
AUTHORIZED SHARES	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
Number of Shares Class/Series Par Value 1,000 NO PAR VALUE			NONE			
1,000 110 1 7 11 120	<u> </u>					
This report must be even	uted on behalf of th	ne corporation by an au	thorized representative. If the c	corporation is in the ha	nds of a receiver or trustee,	
this report must be execu	ted on behalf of th	e corporation by the rec	ceiver or trustee.	po	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			Under penalty of p	perjury, I declare and affin	m that I have examined this rep	
	I ED		including any acco	ompanying schedules and	statements, and that all statements	
			contained nerein a	he and correct.	alda	

Signature

ALFRED T. MARCIANO

Print or Type Name

CPA

Title

Form 630 Rev. 12/06