

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 2010

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 failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-150).

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1. Corporate ID No.	2. Name of Cor	poration					
97179	B & R	CENTRAL FOOD, INC.	§.				
3. Street Address Principal Busine	ess Office	THE TOOP, INC.					
624 CRANSTON STR			City	State	Zip		
4. Business Phone No.		5. State of Incorporation	PROVIDENCE	RI	02907		
(401) 785-1442		BHODE TOTAL	D	γ			
The Operation of the Charact	ter of Business Condu	cted in Rhode Island					
beverages, and h	ousehold go	cted in Rhode Island tood outlet sellin bods and items of	g meats, vegesab any and all type	ies, canned good	ds, soft drinks		
Provident No.	ES OF THE OFF	ods and items of ICERS: ("X" BOX FOR ATT	ACHMENTO TERLENS	PACES REFORE USING	ATTA CULTUMNAMA		
			Vice President Name		aracamen 19		
LIDIA BATISTA			CARMEN RAMIREZ				
Street Address		-	Street Address	<u> </u>			
116 BETSY WILLIA	MS DR.		•	÷			
City	State	Zip	135 BETSY WILLIAMS DR.				
CRANSTON	RI	02905	CRANSTON	State	Zip		
Secretary Name	***************************************		Treasurer Name	RI	02905		
CARMEN RAMIREZ			LIDIA BATISTA	:			
Street Address			Street Address				
135 BETSY WILLIAMS DRIVE			:				
City	State	Zip	116 BETSY WILLIAMS DRIVE				
CRANSTON	RI	J -	City	State	Zip		
3. NAMES AND ADDRESS	ES OF THE DIRE	02905	CRANSTON	RI	02905		
Director Name	in the state of th	CTORS: (X BOX FOR A)	YACHWAY) FILLIN	SPACES BEFORE USING	S ATTACHMENTS		
CARMEN RAMIREZ			Director Name		AND AND AND AND AND SHIP COLUMN OF		
Street Address			LIDIA BATISTA				
135 BETSY WILLIA	מת א		Street Address				
City	State State	Zip	116 BETSY WILL	JIAMS DR.			
CRANSTON	RI	•	City	State	Zip		
Director Name	J K.t	J 02905	CRANSTON	RI	02905		
None			Director Name				
Street Address		·	None				
Street Address			Street Address				
City			<u>:</u>		i		
<i>y</i>	State	Zip	City	State	Zip		
	a less har anno a conserva-	PO-1031					
). SHARES AUTHORIZED			10. SHARES ISSUED	("X" BOX FOR ATTACH			
			ISSUED SHARES — THIS SEC	TION MUST BE COMPLETED			
This information is current	tly of record in th	e Office of the Sagratary of	Number of Shares	Class/Series			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				Guss/series	Par Value		
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his report must be avant	ad on hat if co	e corporation by an authoriz	<u></u>				
roport must be execute	ed on behalf of th	e corporation by an authoriz	ed representative. If the co	rnoration is in the hand-			

PRESIDENT

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Under penalty of perjury, I declare and affirm including any accompanying schedules and sta	that I have exa	mined this report,
contained herein are true and correct.		that all statements
Signature	Date	10 70
LIDIA BATISTA		
Print or Type Name		