

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 2011

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. 7-1.2-1501(c&d)) is

subject to a penalty fee of \$25.00. 1. Corporate ID No. 2. Name of Corporation SOUL FOOD, INC. 162194 Street Address Principal Business Office PROVIDENCE 238 ATWELLS AVENUE RI 02903 4. Business Phone No. 5. State of Incorporation 401-521-3311 RHODE ISLAND 6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE RESTAURANT BUSINESS, FOOD PREPARATION BUSINESS, WHOLESALE AND RETAIL PURCHASE AND SALE OF FOOD PRODUCTS 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) \Box FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name ANTHONY M. TARRO CHRISTOPHER TARRO Street Address Street Address 640 FLETCHER ROAD 28 SOPHIA LANE City NORTH KINGSTOWN RI 02852 GREENVILLE RΙ 02828 Secretary Name Treasurer Name ANTHONY M. TARRO CHRISTOPHER TARRO Street Address Street Address 640 FLETCHER ROAD 28 SOPHIA LANE City State NORTH KINGSTOWN RI 02852 **GREENVILLE** RΙ 02828 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Director Name ANTHONY M. TARRO CHRISTOPHER TARRO Street Address Street Address 640 FLETCHER ROAD 28 SOPHIA LANE City State ZipCity State Zip NORTH KINGSTOWN RI 02852 **GREENVILLE** RI 02828 Director Name Director Name Street Address Street Address State Zip City State Ζip 9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED This information is currently of record in the Office of the Secretary of Number of Shares Class/Series Par Value State. Changes require an additional filing. See Section 9 of 100 STK 0.01 instruction sheet.

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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Check No.	Signature ANTHONY M.
FOR SECRETARY OF STATE USE ONLY	Print or Type Name PRESIDENT
	Title

	Under penalty of pe	rjury. I deçla	are and affirm	n that I have ex	kamined this re	port,
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