STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of Stat
Corporations Divisio
100 North Main Street, Providence, RI 02903-133
401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. *Corporate ID No.* 19816
2. *Name of Corporation* Leon Enterprises Inc.
3. *Street Address Principal Business Office* 400 Narragansett Parkway, EB-2 — *City* Warwick — *State* RI — *Zip* 02888
4. *Business Phone No.* (401) 781-2441
5. *State of Incorporation* RHODE ISLAND
6. *SIC Code* 3533
7. *Brief Description of the Character of Business Conducted in Rhode Island* marketing & advertising

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Leon M. Kayarian
Street Address 400 Narragansett Parkway, EB-2
City Warwick *State* RI *Zip* 02888

Vice President Name Jason M. Kayarian
Street Address 950 Wellington Ave.
City Cranston *State* RI *Zip* 02910

Secretary Name None
Street Address
City *State* *Zip*

Treasurer Name None
Street Address
City *State* *Zip*

9. NAMES AND ADDRESSES OF THE DIRECTORS *("X" BOX FOR ATTACHMENT)* **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
100 SHS	NO PAR	COM

11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*

ISSUED SHARES 0 None

Number of Shares	*Class/Series*	*Par Value*

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

* 1 9 8 1 6 *

File Date: 2/23/00

Check No.: 1984

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.

Signature of Officer — *Date* 2.21.2000

Jason M. Kayarian
Print or Type Name of Officer

Vice President
Title of Officer