



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 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 106713		2. Name of Corporation S. KARAM, INC.			
3. Street Address Principal Business Office 1049 SOUTH BROADWAY			City EAST PROVIDENCE,	State RI	Zip 02914
4. Business Phone No. 434-9738		5. State of Incorporation RHODE ISLAND			6. SIC Code 3210
7. Brief Description of the Character of Business Conducted in Rhode Island BUYING AND SELLING AT WHOLESALE AND RETAIL MILK, GROCERIES, CIGARETTES, FOOD ITEMS, SOFT DRINKS AND ALL OTHER VARIETIES OF ITEMS CUSTOMARILY FOUND IN A SUPERMARKET OR VARIETY STORE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: (<input checked="" type="checkbox"/> "X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SIMON KARAM			Vice President Name		
Street Address 811 ROCK STREET			Street Address		
City FALL RIVER,	State MA	Zip 02720	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: (<input checked="" type="checkbox"/> "X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SIMON KARAM			Director Name		
Street Address 811 ROCK STREET			Street Address		
City FALL RIVER,	State MA	Zip 02720	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (<input checked="" type="checkbox"/> "X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (<input checked="" type="checkbox"/> "X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			200	COMMON	NO PAR VALUE

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



* 1 0 6 7 1 3 *

File Date 4/1/04

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.

XS 3/29/04
Signature of Officer Date

SIMON KARAM
Print or Type Name of Officer
PRESIDENT
Title of Officer