



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 61114		2. Exact name of the Corporation Middletown Subway Inc.			
3. Principal office address 235 East Main Road			City Middletown	State RI	Zip 02842
4. Business Phone No. 401-847-7670			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Retail sales of food and beverages					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kenneth Byam			Vice-President Name Jayne Byam		
Street Address 135 Gossett's Turn Drive			Street Address 135 Gossett's Turn Drive		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Amanda Byam			Treasurer Name Sarah Byam		
Street Address 135 Gossett's Turn Drive			Street Address 135 Gossett's Turn Drive		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kenneth Byam			Director Name Jayne Byam		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
Director Name Amanda Byam			Director Name Sarah Byam		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	Common	No par value

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.

FILED

File Date _____

MAR 07 2012

Check No _____

By: _____

By *mme*

CR # 2822

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.

Sarah J. Myer
Signature of Authorized Representative

3-6-12
Date

Sarah Byam

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY