



**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 2003**

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. <b>33156</b>		2. Exact name of the Corporation <b>EL DEE VENDING CORPORATION</b>		
3. Principal office address <b>1700 ELMWOOD AVENUE</b>		City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>
4. Business Phone No.		5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island <b>OPERATIONS OF AMUSEMENT &amp; VENDING MACHINES</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
President Name <b>FRANK DELUCA</b>		Vice-President Name <b>LINDA DELUCA</b>		
Street Address <b>176 MILL COVE ROAD</b>		Street Address <b>176 MILL COVE ROAD</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>WARWICK</b>	Zip <b>02889</b>
Secretary Name <b>BUDDY LAMPHERE</b>		Treasurer Name <b>LINDA DELUCA</b>		
Street Address <b>VICTORY STREET</b>		Street Address <b>176 MILL COVE ROAD</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>WARWICK</b>	Zip <b>02889</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	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
		<b>100</b>	<b>common</b>	<b>no par</b>

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.

File Date: \_\_\_\_\_  
 Check No: \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY

**FILED**

**MAY 02 2012**

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]*  
 Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Print or Type Name of Authorized Representative \_\_\_\_\_

*[Handwritten Signature]*  
**29-170145**