



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 2000**

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 <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>OPERATIONS OF AMUSEMENT &amp; VENIDNG MACHINES</b>				
<b>LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT)</b>				
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>	State <b>RI</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>	State <b>RI</b>
<b>LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT)</b>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>				
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.		<b>10. SHARES ISSUED (X BOX FOR ATTACHMENT)</b>		
		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

**J-1-5**  
 Print or Type Name of Authorized Representative

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