



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 2013

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. 15162		2. Exact name of the Corporation Kentucky Fried Chicken of Woonsocket, Inc.			
3. Principal office address 137 CLINTON STREET			City WOONSOCKET	State RI	Zip 02895
4. Business Phone No. 401-769-0022			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island FAST FOOD RESTAURANT					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DENNIS NAUGHTON			Vice-President Name MILTON DAHLENE		
Street Address 4615 JEAN CIRCLE			Street Address 168 W. HAWTHORN ST.		
City YORBA LINDA	State CA	Zip 92886	City N. DARTMOUTH	State MA	Zip 02747
Secretary Name DENNIS NAUGHTON			Treasurer Name MILTON DAHLENE		
Street Address 4615 JEAN CIRCLE			Street Address 168 W. HAWTHORN ST.		
City YORBA LINDA	State CA	Zip 92886	City N. DARTMOUTH	State MA	Zip 02747
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name DENNIS NAUGHTON			Director Name MILTON DAHLENE		
Street Address 4615 JEAN CIRCLE			Street Address 168 W. HAWTHORN ST.		
City YORBA LINDA	State CA	Zip 92886	City N. DARTMOUTH	State MA	Zip 02747
Director Name			Director Name		
Street Address			Street Address		
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
			3,750	CWP	1.0000

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

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BY 1002

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.

Milton E. Dahlene 03/26/2013
 Signature of Authorized Representative Date

MILTON E. DAHLENE

Print or Type Name of Authorized Representative