



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 113500		2. Name of Corporation Super Scoops & JAVA INC.			
3. Street Address Principal Business Office 800 PROVIDENCE Street			City Woonsocket	State R.I.	Zip 02895
4. Business Phone No. 769-1354		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN AND CARRY ON the BUSINESS of AN ICE CREAM AND JAVA SHOP.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KEVIN J. THORNTON			Vice President Name OMAIRA J. THORNTON		
Street Address 12 KING PHILIP PATH			Street Address 12 KING PHILIP PATH		
City MENDON	State MA.	Zip 01756	City MENDON	State MA	Zip 01756
Secretary Name OMAIRA J. THORNTON			Treasurer Name KEVIN J. THORNTON		
Street Address 12 KING PHILIP PATH			Street Address 12 KING PHILIP PATH		
City MENDON	State MA	Zip 01756	City MENDON	State R.I.	Zip 01756
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("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
600	NO PAR VALUE		600	COMMON	\$ 1.00

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

File Date 9/6/05
Check No. 2044
By: JMD
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.

Signature of Officer Kevin J. Thornton Date 9/6/05
Print or Type Name of Officer KEVIN J. THORNTON
Title of Officer President