

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street

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PROFIT CORPO Filing Period: January 1 - 1		NNUAL REPOR	RT FOR THE YEA	R 20	05
(FORM MUST BE TYPED OR PRI 1. Corporate ID No.	2. Name of Corpor	ation		 _	
103603	DLM Variety				
3. Street Address Principal Business	•		Jomston ,	State (2.(02919
4. Business Phone No.	170	5. State of Incorporation RHODE ISLANI			6. SIC Code
7. Brief Description of the Character CONVENIENCE STORE)		3715
8. NAMES AND ADDRESSE		•	raciiiaram) —	CD4 CD4 DETC DE VA	
President Name	or the order	AS: (A DOX FOR AL.	Vice President Name	SPACES BEFORE USI	NG ATTACHMENTS
Deborait L'	ivings ton		Same		
Street Address	ista Aud		Street Address		
Johnston .	State	Zip	City:	State	Zip
Secretary Name	1 1 - 1	02919	Treasurer Name		
Same			Same		
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address		
City	State	Zip	City	State	776
			Sily	Sitate	Zip
9. NAMES AND ADDRESSES Director Name	S OF THE DIRECT	TORS: ("X" BOX FOR A	TTACHMENT)	N SPACES BEFORE U	SING ATTACHMENTS
Street Address		, 	Street Address		
City:	State	Zip	City	State	Zip
Director Name	.J	J	Director Name		
Street Address	· · · · · · · · · · · · · · · · · · ·	"-, 1,	Street Address		
City	State	Zip	City ¹	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTAC	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			NONE		NONE
This report must be s	signed in ink by e	ither the President, Vice	President, Secretary, Assistar Under penalty of perj including any accomp	iury, I declare and affirm panying schedules and st	that I have examined this report, atements, and that all statements
File Date 1505 Check No. 5470 By: 4	XTE USE ONLY	- - -	Signature of Officer Print or Type Name of Title of Officer	L Jun pt	Date Date 12/03 Form 630 Rev. 12/03



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ______2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 103603 DLM Variety, Inc. 3. Street Address Principal Business Office 5. State of Incorporation RHODE ISLAND 3715 7. Brief Description of the Character of Business Conducted in Rhode Island CONVENIENCE STORE. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Street Address ~J 0 hc Secretary Name Street Address Street Address City 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address State Zip City Director Name Street Address Street Address State Zip City Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 100 NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 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. Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY

Eaward S. Inman, 111, Secretary of St. Corporations Divis 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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INSTRU	

FORM MUST BE TYPED OR PRINT 1. Corporate ID No.		ration			
1. Corporate 1D No. 103603	2. Name of Corpor DLM Varie				
3. Street Address Principal Business	0.66		City i	State	Zip
4. Business Phone No.	Vista	AVE 5. State of Incorporation	Johnston	RI	02919 6. SIC Code
HOI 934 LI 7. Brief Description of the Character	I O of Business Conducted	in Rhode Island			3715
	ience St				
8. NAMES AND ADDRES President Name i	SES OF THE OF	FICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BE Vice President Name	FORE USING ATTACHM	ENTS
DeboraH L	-ivin6sta)a	Street Address		
Street Address 17 BUONA Johnston	Vista	Aue			
City	State	Zip	City	State	Zip
Secretary Name	Y < (02919	Treasurer Name	4	
NONE			NONL		
itreet Address	-		Street Address		
City	State	Zip	City	State	Zip
O. NAMES AND ADDRESS	SES OF THE DIR	ECTORS ("X" BOX FOR ATTAC	CHMENT). FILL IN SPACES I	BEFORE USING ATTACH	IMENTS
Director Name	. 1 0		Director Name NON	7	
freet Address	NL		Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
NONE)		DONL		
treet Address	_		Street Address		
Sity	State	Zip	City	State	Zip
O. SHARES AUTHORIZEI UTHORIZED SHARES) ("X" BOX FOR ATT	CACHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE		0	0		

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

	* 1 0 3 6 0 3 *
ile Date:	.2/4/03
heck No.:	3887
	$\mathcal{A}_{A}}}}}}}}}}$

FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules that all statements contained berein are true and a			its, and
Signature of Officer De	l ate	13	b3
DeBORAH LIVINGS FOR			
Print or Type Name of Officer PRESIDENT			
Title of Officer		E 620	12/02

Under penalty of perjury, I declare and affirm that I have examined



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

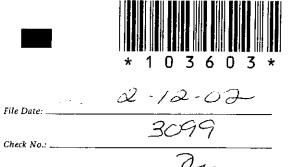
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002



Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 103603 DLM Variety, Inc. 3. Street Address Principal Business Office State 17 BUONA Vista RI 02919 4. Business Phone No. 5. State of Incorporation 6. SIC Code **RHODE ISLAND** 934 1170 3715 401 7. Brief Description of the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name DEBORAH LIVINGSton NONe Street Address City Zip Treasurer Name None Street Address Street Address City State ZipCity State Zip9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name NONE NONE Street Address State Zip City State ZipDirector Name Director Name Street Address Street Address City State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 100 NO PAR VALUE

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

NONR



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I h	ave examined
this report, including any accompanying schedules an	d statements, and
that all statements contained herein are true and corre	ect.
Deliver Linisten 11	15/00
Signature of Officer Date	
DeBORAH LIVINGSTON	
Print or Type Name of Officer	
President	
Title of Officer	
◆ 5	Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

103603

DLM Variety, Inc.

3. Street Address Principal Business Office

365 Snake Hill Road 4. Business Phone No.

5. State of Incorporation

RI

02857

RHODE ISLAND

6. SIC Code 3715

7. Brief Description of the Character of Business Conducted in Rhode Island

V	ar	1ety	5	tore

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Vice President Name

Glocester,

Deborah Livingston Street Address

17 Buena Vista Avenue

Deborah Livingston

Street Address

17 Buena Vista Avenue

Johnston

RI

02919

Johnston Treasurer Name

RI

02919

Deborah Livingston

17 Buena Vista Avenue

State

Zio

Street Address

Deborah Livingston

17 Buena Vista Avenue

City

RΤ

02919

Johnston 02919 Johnston RI9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Street Address

City

Director Name

Director Name

Deborah Livingston

Street Address

17 Buena Vista Avenue

State

City

State

Zip

Johnston Director Name

RI

02919

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Check No .:

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES

Class/Series

Par Value

100 NO PAR VALUE

100

Number of Shares

Composit

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



File Date:

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.

Title of Officer

Form 630 12/00

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST BE TYPED IN BLACK)

2. Name of Corporation

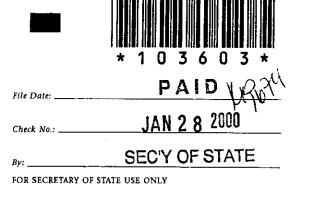
DLM Variety, Inc.

1. Corporate ID No.

103603
3. Street Address Principal Business Office

VISTA AVE 5. State of Incorporation JOHNSTON 401-231-4416 イリーメラノーファック 7. Brief Description of the Character of Business Conducted in Rhode Island 3715 CONVENIENCE STORE 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name DEBURAH LIVING STON Street Address City State Zip Secretary Name Treasurer Name Street Address Street Address City State City State Zip9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State Zip City Zip Director Name Director Name Street Address Street Address City State Zip State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 100 NO PAR VALUE

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



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 nereignare true and correct.
Neberah A. Luxiaston 1/17/00
Signature of Officer Date
DEBORAH A. LIKINGSTIN
Print or Type Name of Officer
MRES.
Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST	BE TYPED IN BLAC					
1. Corporate ID	No. 103603	2. Name of Corpora DLM Varie		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
3. Street Addres.	s Principal Business C 17 BUONA	Office A VISTA AVI	ENUE	City JOHNST(State ON RI	^{Zip} 02919
4. Business Photo	401 93	34 1170 of Business Conducted i	5. State of Incorpora RHODE ISI			6. SIC Code 3715
8. NAMES	CONVENIE	ENCE STORE		The second of the contract and a con-	ACES BEFORE USING ATTA	CHMENTS
President Name		LIVINGSTO	N	Vice President Name	NONE	
Street Address	17 BUONA	VISTA AV	E	Street Address		·
City	JOHNSTON	State RI	^{Zip} 02919	City	State	Zip
Secretary Name	NONE		•• ••	Treasurer Name	NONE	
Street Address				Street Address		
City	•	State	Zip ,	City	State	Zip
9, NAMES A Director Name Street Address	AND ADDRESS	ES OF THE DIRE	ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN	SPACES BEFORE USING AT NONE	rachments.
City		State	Zip	City	State	Zip
Director Name	NONE	·		Director Name	NONE	
Street Address				Street Address		
City	<u>.</u> .	State	Zip	City	State	Zip
10. SHARES AUTHORIZED SHA	the state of the s	("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSU	ED ("X" BOX FOR ATTACHMEN	77)
Number of Share:	5	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO	PAR VALUE	· ·		NONE		
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nis report	must de signec	i in ink by eith	er the President, Vi	ce President, Secretary,	Assistant Secretary, Treas	surer, Receiver or Trustee
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FOR SECRETARY OF

Print or Type Name of Officer
President

Title of Officer