



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 103603		2. Name of Corporation DLM Variety, Inc.			
3. Street Address Principal Business Office 17 BUONA VISTA AVE			City Johnston	State RI	Zip 02919
4. Business Phone No. 401 934 1170		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Deborah Livingston			Vice President Name Same		
Street Address 17 BUONA VISTA AVE			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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
100 NO PAR VALUE			NONE		NONE

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



File Date	1/5/05
Check No.	5470
By:	W.
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: Deborah Livingston
Date: 1/3/05
Print or Type Name of Officer: Deborah Livingston
Title of Officer: President



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Office of the Secretary of State
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100 North Main Street
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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. 103603		2. Name of Corporation DLM Variety, Inc.		
3. Street Address Principal Business Office 17 Buona Vista Ave		City Johnston	State RI	Zip 02919
4. Business Phone No. 401 934 1170		5. State of Incorporation RHODE ISLAND		6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Deborah A. Livingston		Vice President Name NONE		
Street Address 17 Buona Vista Ave		Street Address		
City Johnston	State RI	Zip 02919	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
100 NO PAR VALUE			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 *

File Date **1/26/04**
Check No. **4581**
By: **QIE**

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.

Deborah A. Livingston **12/25/03**
Signature of Officer Date

Deborah Livingston
Print or Type Name of Officer

President
Title of Officer



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

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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

103603

2. Name of Corporation

DLM Variety, Inc.

3. Street Address Principal Business Office

17 BUONA VISTA Ave

City

Johnston

State

RI

Zip

02919

4. Business Phone No.

401 934 1170

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

Deborah Livingston

Vice President Name

NONE

Street Address

17 BUONA VISTA Ave

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 AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 NO PAR VALUE

0

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

0



* 1 0 3 6 0 3 *

File Date: 2/4/03

Check No.: 3887

By: [Signature]

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.

Deborah Livingston 1/13/03
Signature of Officer Date

Deborah Livingston
Print or Type Name of Officer

President
Title of Officer

5

Form 630 12/02



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

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. **103603** 2. Name of Corporation **DLM Variety, Inc.**

3. Street Address Principal Business Office
17 BUONA VISTA Ave

City **Johnston** State **RI**

Zip **02919**

4. Business Phone No. **401 934 1170** 5. State of Incorporation **RHODE ISLAND**

6. SIC Code **3715**

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

Vice President Name

NONE

Street Address

17 BUONA VISTA Ave

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 AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

NONE

Director Name

NONE

Street Address

Street Address

City State Zip City State Zip

Director Name

Director Name

Street Address

Street Address

City State Zip City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

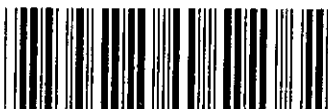
100 NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

NONE



* 1 0 3 6 0 3 *

File Date: 2-12-02

Check No.: 3099

By: [Signature]

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.

Deborah Livingston 1/15/02
Signature of Officer Date

DEBORAH Livingston
Print or Type Name of Officer

President
Title of Officer



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

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.

103603

2. Name of Corporation

DLM Variety, Inc.

3. Street Address Principal Business Office

City

State

Zip

365 Snake Hill Road

Glocester,

RI

02857

4. Business Phone No.

5. State of Incorporation

6. SIC Code

RHODE ISLAND

3715

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

Variety Store

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

President Name

Vice President Name

Deborah Livingston

Deborah Livingston

Street Address

Street Address

17 Buena Vista Avenue

17 Buena Vista Avenue

City

State

Zip

City

State

Zip

Johnston

RI

02919

Johnston

RI

02919

Secretary Name

Treasurer Name

Deborah Livingston

Deborah Livingston

Street Address

Street Address

17 Buena Vista Avenue

17 Buena Vista Avenue

City

State

Zip

City

State

Zip

Johnston

RI

02919

Johnston

RI

02919

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

Director Name

Director Name

Deborah Livingston

Street Address

Street Address

17 Buena Vista Avenue

City

State

Zip

City

State

Zip

Johnston

RI

02919

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

NO PAR

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 *

File Date: 5-10-01

Check No.: 2442

By: [Signature]

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.

Deborah Livingston 2/27/01
Signature of Officer Date

Deborah Livingston
Print or Type Name of Officer

President
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

103603

DLM Variety, Inc.

3. Street Address Principal Business Office

City

State

Zip

17 BUONA VISTA AVE

JOHNSTON

RI

02919

4. Business Phone No.

5. State of Incorporation

6. SIC Code

401-231-9416

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

Vice President Name

DEBORAH A. LIVINGSTON

Street Address

Street Address

17 BUONA VISTA AVE.

City

State

Zip

City

State

Zip

JOHNSTON

RI

02919

Secretary Name

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

9. 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

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

100 NO PAR VALUE

0



* 1 0 3 6 0 3 *

PAID

File Date: _____

Check No.: _____

SEC'Y OF STATE

By: _____

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.

DEBORAH A. LIVINGSTON 1/17/00
Signature of Officer Date

DEBORAH A. LIVINGSTON
Print or Type Name of Officer

PRES.
Title of Officer



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

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 103603		2. Name of Corporation DLM Variety, Inc.	
3. Street Address Principal Business Office 17 BUONA VISTA AVENUE		City JOHNSTON	State RI
		Zip 02919	
4. Business Phone No. 401 934 1170	5. State of Incorporation RHODE ISLAND		6. SIC Code 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 DEBORAH LIVINGSTON		Vice President Name NONE	
Street Address 17 BUONA VISTA AVE		Street Address	
City JOHNSTON	State RI	City	State
Zip 02919		Zip	
Secretary Name NONE		Treasurer Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares 100 NO PAR VALUE	Class/Series	Number of Shares NONE	Class/Series
Par Value		Par Value	

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 *

File Date: **FILED**

Check No.: **MAR 02 1999**

By: **By [Signature]**

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.

Deborah Livingston
Signature of Officer Date

DEBORAH LIVINGSTON
Print or Type Name of Officer

President
Title of Officer