

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

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|---------------------------------|------------------------------|--|--|--|--|--|--|
| I. Corporate ID No. | 2. Name of Co | | | | • | | |
| 71804 | | PRODUCTS, INC. | err jagement men menner i er me | | en e | | |
| 3. Street Address Principal | | • | City | State | Zip | | |
| 1464 PARK AVEN | UE | | CRANSTON | . RI | 02920 | | |
| 4. Business Phone No. | | 5. State of Incorpo | | | 6. SIC Code | | |
| 4019449300 | | RHODE ISLA | AND | | 3079 | | |
| | | Conducted in Rhode Island STRIBUTE PIZZA AN | D PIZZAPRODUCTS. | | | | |
| 8. NAMES AND ADD President Name | RESSES OF THE C | FFICERS ("X" BOX FO | <i>rattachment)</i> 🗌 file in : | SPACES BEFORE USING | GATTACHMENTS | | |
| David J. Angelo | ne. | | <i>Vice President Name</i> Valerie L. And | relone | | | |
| Street Address | | and the second s | Street Address | ************************************** | PART OF A STATE AND A STATE OF A | | |
| 34 South Pond I | Road | | 34 South Pond | Road | | | |
| City | State | Žip | City | State | Zip | | |
| Coventry | RI | 02816 | Coventry | Diale | Σip | | |
| ecretary Name | | | Treasurer Name | | | | |
| Valerie L. Ange | elone | | David J. Angel | one. | · · | | |
| Street Address | | | Street Address | in the second second | the second of th | | |
| 34 South Pond F | Road | | 34 South Pond | Road | | | |
| City | State | Zip | City | State | Zip | | |
| Coventry | RI | 02816 | Coventry | RI | 02816 | | |
| 9. NAMES AND ADD | RESSES OF THE D | IRECTORS ("X" BOX F | ORATTACHMENT) 🗌 FILL IN | SPACES BEFORE USIN | NG ATTACHMENTS | | |
| Directo r N ame | r d. ma filler i radi i mil. | The state of the section of the section of the section of | Director Name | evenings, and an array | eri iliya izini zinterek kurim e kualabarit. 1994. di i | | |
| David J. Angelo | one | | Valerie L. Ang | gelone | | | |
| Street Address | www.t.s.gwi | Service of the contract of the community of | Street Address | and the second of the second o | | | |
| 34 South Pond R | Road | | 34 South Pond | Road | | | |
| City | State | Zip | City | State | Zip | | |
| Coventry | RI | 02816 | Coventry | RI | 02816 | | |
| Director Name | | | Director Name | the first transfer of the second | | | |
| | | | | | • | | |
| Street Address | | | Street Address | Street Address | | | |
| | | | | | | | |
| City | State | Zip | City | State | Zip | | |
| | : | ì | | | : | | |

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

Par Value

ISSUED SHARES

Number of Shares

500



AUTHORIZED SHARES

4,000 NO PAR VALUE

Number of Shares

| *71804 DBC 03/23/05 12:12:48 PM* |
|----------------------------------|
| File Date 2 1/3-05 |
| Check No. 1029 |
| Bv. |
| FOR SECRETARY OF STATE USE ONLY |

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

| Under penalty of perjury, I declare and affirm to | that I have examined |
|---|-----------------------|
| this report, including any accompanying sched | lules and statements, |
| and that all statements contained herein are tru | e and correct. |
| Ild In se | 3/28/05 |
| |)ate |
| David J./Angelone | |
| Print or Type Name of Officer | |
| President | |
| Title of Officer | Form 630 12/01 |

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

Class/Series

common

no par

Form 630 12/01



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation PIZZERIA PRODUCTS, INC. 71804 3. Street Address Principal Business Office Zip 1464 PARK AVENUE CRANSTON 02920 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4019449300 RHODE ISLAND 3079 7. Brief Description of the Character of Business Conducted in Rhode Island TO MANUFACTURE, PREPARE AND DISTRIBUTE PIZZA AND PIZZAPRODUCTS. ko-kandoksarai bandi iliksi estatan ilikan ilika President Name Vice President Name David J. Angelone ·Valerie L. Angelone Street Address Street Address 34 South Pond Road . 34 South Pond Road City State Zip City State Zip Coventry 02816 Coventry RI 02816 Secretary Name Treasurer Name Valerie L. Angelone David J. Angelone * Street Address Street Address 34 South Pond Road .34 South Pond Road City State Zip *City State Zip Coventry RT 02816 Coventry RI 02816 \mathcal{D} and \mathcal{D} Director Name Director Name ·Valerie L. Angelone David J. Angelone Street Address Street Address *34 South Pond Road 34 South Pond Road City ·City State State Zip Zip Coventry 02816 Coventry RI 02816 Director Name Director Name Street Address Street Address State MORELLA PROCESSA (CONTRACTO POR ENCOPERACION PROCESSA (CONTRACTO) (CONTRACTO POR ENCOPERACION PROCESSA (CONTRACTOR CONTRACTOR CONTRA ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 4,000 NO PAR VALUE 500 common no par This report must be signed in ink by either the Errical President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee ATTIG 2 4 2004 r: tmc 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. *71804 DBC 06/18/04 02:20:52 PM* File Date___ Check No ._ David J. Angelone President FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222,3040

Form 630 12/01

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

| (FORM MUST BE TYPED IN B | | | | | | | |
|--|--|--|---|--|---------------------------|--|--|
| 1. Corporate ID No. *71804* | PIZZERIA PRODUCTS, INC. | | | | | | |
| 3. Street Address Principal Busin 1464 PARK AVENUE | ness Office | | City CRANSTON | State RI | <i>Zip</i> 02920 | | |
| 4. Business Phone No. 5. State of Incorporation 4.019449300 RHODE ISLANI | | | | | 6. SIC Code 3079 | | |
| 7. Brief Description of the Charc TO MANUFACTURE, PRE | ncter of Business Cond PARE AND DISTR | ucted in Rhode Island IBUTE PIZZA AND | PIZZAPRODUCTS. | ,,,,,,, | | | |
| President Name | neskom annekomala | ON SAROWER | Vice President Name | ĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ | HEAGERST WEEK | | |
| David J. Angelone | | | . Vice President Name • Valerie L. Ange | elone | | | |
| Street Address | | | Street Address | _ | | | |
| 34 South Pond Road | | | .34 South Pond | | | | |
| City | State RI | <i>Zip</i> 02816 | City Coventry | State RI | <i>Zip</i> 02916 | | |
| Coventry Secretary Name | KI | 02016 | Treasurer Name | | 02310 | | |
| Valerie L. Angelor | ne | | David J. Angelo | one | | | |
| Street Address | , | | * Street Address | | | | |
| 34 South Pond Road | i | | .34 South Pond I | Road | | | |
| City | State | Zip | City | State | Zip | | |
| Coventry | RI | 02816 | . Coventry | RI | 02816 | | |
| Campaning (Caraming Cost | NECKOLPHULDDIN | CTORS & Francisco | | skied kominaliske | ZanyXolivitztvic | | |
| Director Name | | | Director Name | -1 | | | |
| David J. Angelone | | | · Valerie L. Angelone · Street Address | | | | |
| Street Address | 1 | | *34 South Pond Road | | | | |
| 34 South Pond Road | State | Zip | *City State Zip | | | | |
| Coventry | RI | 02816 | Coventry | RI | 02816 | | |
| Director Name Street Address | | | Director Name Street Address | | | | |
| City | State | Zip | :City | State | Zip | | |
| anti en ekalogek yang beloptaka Takin en ekalogek | ned the Control of th | Princella (1400) | | . Bibana anatipina | % . □ | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value | | |
| 4,000 NO PAR VALUE | | | 500 | common | No Par | | |
| | | | | | | | |
| This report must be signe | e d in ink by eithei | r the President, Vice | President, Secretary, Assi | istant Secretary, Treas | urer, Receiver or Trustee | | |
| | | | | | | | |
| | | | Under penalty of/pe | rjury, I declare and affirm | that I have examined | | |
| ^ r 1 | | | this report, includin | g any accompanying sche nts contained herein are to | dules and statements, | | |
| *71804 DBC4/29/039:2 | 23:19 AM* | | and that all statemen | nts contained herein are to | ue and correct. | | |
| l Cros | _03 | | 1 /-1 | /// _(m | 1 | | |
| File Date | | | Signature of Officer Date | | | | |
| Check No. | | | David J. An | <i>i</i> / | V410 | | |
| | | - 1122 - 122 - 122 - 122 | Print or Type Name of | | | | |
| Br: CUCL | | - | President | 30 | | | |
| FOR SECRETARY OF STATE | USE ONLY | Harris I | Title of Officer | | Form 630 12/01 | | |

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

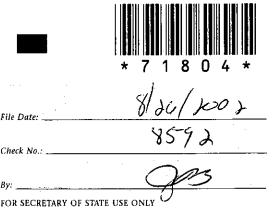
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR <u>2002</u>

STOP PLEASE READ INSTRUCTIONS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. 71804 PIZZERIA PRODUCTS, INC. 3. Street Address Principal Business Office Cranston 1464 Park Avenue 6. SIC Code 4. Business Phone No. 5. State of Incorporation 3079 RHODE ISLAND (401) 944-9300 7. Brief Description of the Character of Business Conducted in Rhode Island Restaurant FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name President Name Valerie L. Angelone David J. Angelone Street Address Street Address 1464 Park Avenue 1464 Park Avenue City State 02920 02920 Cranston RIRΙ Cranston Treasurer Name Secretary Name David J. Angelone Valerie L. Angelone Street Address Street Address 1464 Park Avenue 1464 Park Avenue City 02920 RΙ Cranston Cranston FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Valerie L. Angelone David J. Angelone Street Address Street Address 1464 Park Avenue 1464 Park Avenue City City RI02920 02920 RΙ Cranston Cranston Director Name Director Name Street Address Street Address State Zip City State City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Number of Shares Par Value Class/Series Number of Shares Class/Series

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

500



4,000 NO PAR VALUE

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

Date

common

David J. Angelone
Print or Type Name of Officer

President

Title of Officer
5

Form 630 12/01

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

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

2001 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

| (FORM MUST BE TYPED IN BLAC | CK) | | | | |
|--|--------------------------|---|--|-------------------------|------------------------------------|
| 1. Corporate ID 7 804 | 2. Name of Corporati | PRODUCTS, INC. | | | |
| 3. Street Address Principal Business O | Office | | City | State | Zip |
| 1464 Park Avenu | ue | 5. State of Incorporation RHODE ISLAND | Cranston | RI | 02920 ^{6.} 3079 |
| (401) 944-9300 7. Brief Description of the Character of | of Business Conducted in | Rhode Island | | | |
| Restaurant | | | | | |
| 8. NAMES AND ADDRESS President Name | ES OF THE OFFIC | CERS ("X" BOX FOR ATTACH | MENT) FILL IN SPACES Vice President Name | BEFORE USING ATTAC | HMENTS |
| David Angelone Street Address | | | Walerie 1. A | ngelome | |
| 1464 Park Avenu | | 71. | 1464 Park Av | | er in |
| City Cranston Secretary Name | State RI | 02920 | City Cranston Treasurer Name | State RI | 02920 |
| Valerie L. Ange Street Address | elone | | David Angelor Street Address | ne | |
| 1464 Park Avenu | | | 1464 Park ave | | |
| City | State | Zip | City | State | Zip |
| Cranston | RI | 02920 | Cranston | RI | 02920 |
| 9. NAMES AND ADDRESS Director Name | ES OF THE DIKE | CIORS ("X" BOX FOR ATTAC | Director Name | ES BEFORE USING ATTA | CHMENIS |
| David Angelone Street Address | | | Valerie L. An Street Address | ngelone | |
| 1464 Park avenu | ıe | | 1464 Park ave | enue | |
| City | State | Zip | City | State | Zip |
| Cranston, RI Director Name | RI | 02920 | Cranston Director Name | RI | 02920 |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED AUTHORIZED SHARES | ("X" BOX FOR ATTA | CHMENT) | 11. SHARES ISSUED (ISSUED SHARES | "X" BOX FOR ATTACHMENT) | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |

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

500



4,000 SHS NO PAR VALUE

File Date: . Check No.: 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

common

David Angelone Print or Type Name of Officer

President

litle of Officer

Form 630 12/00

no par

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

PIZZERIA PRODUCTS, INC.

3. Street Address Principal Business Office

State

Zip

1464 Park Avemue

Cranston

City

RI

02920 6. SIC Code

4. Business Phone No.

5. State of Incorporation

3079

(401) 944-9300 7. Brief Description of the Character of Business Conducted in Rhode Island

RHODE ISLAND

Restaurant

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

Vice President Name

Dawid Angelone Street Address 1464 Park Avenue

Zip

Valerie L. Angelone Street Address

1464 Park Avenue

Zlp

Cranston Secretary Name

President Name

RI

02920

Cranston Treasurer Name

RI

02920

Valerie L. Angelone

1464 Park Avenue

David Angelone Street Address

1464 Park Avenue

Cranston

RI

02920

Cranston

RT

02920

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

Director Name

David Angelone Street Address

1464 Park Avenue

Valerie L. Angelone Street Address

1464 Park Avenue

Zip

Cranston Director Name

RI

State

02920

Cranston Director Name

Street Address

02920

Street Address

City

State

Zip

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

Class/Series

Par Value

Date

4,000 SHS NO PAR VALUE

500

Number of Shares

common

no par

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



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 berein are true and correct.

Signaluse of Officer

David Angelone Print or Type Name of Officer

President 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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 71804

PIZZERIA PRODUCTS, INC.

3. Street Address Principal Business Office

City

State

Zip

1464 Park Avenue

Cranston

RI

02920

4. Business Phone No.

944-9300 7. Brief Description of the Character of Business Conducted in Rhode Island

Restaurant

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

Vice President Name

Cranston

David Angelone Street Address

1464 Park Avenue

Valerie L. Angelone

1464 Park Avenue

RI

02920

Valerie L. Angelone-

1464 Park Avenue

Cranston

RI

02920

Treasurer Name

David Angelone

Street Address

1464 Park Avenue

City Cranston State RI Zip 02920

Cranston

RI

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

Director Name

Secretary Name

Street Address

City

David Angelone

Street Address

1464 Park Avenue

City Cranston

RI

Zip 02920

Director Name

Valerie L. Angelone

Street Address

1464 Park Avenue

RI

02920

Cranston Director Name

Street Address

Director Name

Street Address

City

State

State

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

AUTHORIZED SHARES

Number of Shares

File Date:

Class/Series

City

Zip

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

ISSUED SHARES

Par Value

Number of Shares

Class/Series

Par Value

4,000 SHS NO PAR VALUE

500

common

no par

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

Signature of Officer

David Angelone Print or Type Name of Officer

President

Title of Officer

FOR SECRETARY OF STATE USE ONLY



(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PILAYE RI AD INSTRUCTIONS

1. Corporate ID No. 2. Name of Corporation 71804 PIZZERIA PRODUCTS, INC. 3. Street Address Principal Business Office City State ZipRI 02920 1464 Park Avenue Cranston 4. Business Phone No. 5. State of Incorporation 6. SIC Code 944-9300 3079 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island Restaurant 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name David Angelone Valerie L. Angelone Street Address Street Address 1464 Park Avenue 1464 Park Avenue City State Cranston 02920 RTCranston RI02920 Secretary Name Treasurer Name David Angelone Valerie L. Angelone Street Address Street Address 1464 Park Avenue 1464 Park Avenue State City 02920 RI Cranston Cranston RI 02920 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name David Angelone Valerie L. Angelone Street Address Street Address 1464 Park Avenue 1464 Park Avenue City Zip State 02920 Cranston ŔΙ RΙ 02920 Cranston Director Name Director Name Street Address Street Address City Zip City State State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES

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

Number of Shares

500

| | * 7 1 8 0 | |
|--------------|-------------------------|---------|
| File Date: | 4/8/98 | |
| Check No.: _ | 5729 | |
| Ву: | 91859 | · · · · |
| FOR SECRET | TARY OF STATE LISE ONLY | |

Class/Series

Par Value

Number of Shares

4,000 SHS NO PAR VALUE

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.

Class/Series

common

Par Value

Date

no par

Signature of Officer

David Angelone
Print or Type Name of Officer

President

James R. Langevin, Secretary of State

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

71804

PIZZERIA PRODUCTS, INC.

3. Street Address Principal Business Office 1464 Park Avenue

State

RI

02920 6. SIC Code

4. Business Phone No 944-9300 5. State of Incorporation RHODE ISLAND

3079

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

Restaurant

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

RI

President Name

Street Address

City

City

David Angelone

1464 Park Avenue

02920

Valerie L. Angelone

Vice President Name

City

Cranston

1464 Park Avenue

02920

Cranston Secretary Name

Valerie L. Angelone

Street Address

1464 Park Avenue

Davide Angelone Street Address

Treasurer Name

Cranston

1464 Park Avenue

Valerie L. Angelone

1464 Park Avenue

State Cranston

02920 RI

Cranston

State RI

State

 \mathbf{RI}

02920

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

Director Name

Director Name

David Angelone

Street Address

Street Address 1464 Park Avenue

State

State

Cranston

RI

02920

Cranston

RI

02920

Director Name

Street Address

Street Address

Director Name

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

4,000 SHS NO PAR VALUE

500

common

without par

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 a companying schedules and statements, and contained herein are true and correct.

Signature of Officer

David Angelone

Print or Type Name of Officer

President

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Compositions Division

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

| 1. CORPORATE ID NO. | 2. NAME OF CORPORATION | | | | |
|---|-------------------------------------|--|---|---------------------------------|--------------------------|
| 71804 3. ŠTREET ADDRESS PRINCIPAL BUSINESS OFFI | | A PRODUCTS, INC | " ату | STATE | ZIP CODE |
| 1464 Park Aven | | 5. STATE OF INCORPORATION | Cranston | RI | 0 2 9 2 0 6. SIC CODE |
| 944-9300 | : | RHODE ISL | AND | | 2519 |
| 7. BRIEF DESCRIPTION OF THE CHARACTER OF B | USINESS CONDUCTED IN RHODE ISLAN | ID | en a cara a company | | |
| Restaurant | aram kayang bija | | | 21 | |
| PRESIDENT NAME David Angelone | 8. NAM | ES AND ADDRE | SSES OF THE ON VICE PRESIDENT NAME Valerie L. And | | |
| street ADDRESS 1464 Park Aven | | and the second s | STREET ADDRESS 1464 Park Ave | enue | |
| Cranston SECRETARY NAME | STATE RI | 02920 | city Cranston TREASURER NAME | STATE RI | ZIP CODE 0 2 9 2 0 |
| Valerie L. Ang | elone | and the second of the second o | David Angelor | <u>ie</u> | |
| 1464 Park Aven | ue STATE | ZIP CODE | 1464 Park Ave | enue - state | ``; ŻIP ČODE |
| Cranston DIRECTOR NAME | RI 9. NAMI | 02920 ES AND ADDRE | Cranston SSES OF THE DI DIRECTOR NAME | RI | 02920 |
| David Angelone | | | Valerie L. Ar | ngelone | |
| 1464 Park Aven | ue STATE | ZIP CODE | 1464 Park Av∈ | enue state | ZIP CODE |
| Cranston DIRECTOR NAME | RI | 02920 | Cranston DIRECTOR NAME | RI | 02920 |
| STREET ADDRESS | | e o o objecto e parcer a | STREET ADDRESS | | |
| сту | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| | 10. SHA | RES AUTHORI | ZED AND ISSUED | , | |
| NUMBER OF SHARES | AUTHORIZED SHARES CLASS / SERIES | PAR VALUE | NUMBER OF SHARES | ISSUED SHARES CLASS / SERIES | PAR VALUE |
| 4,000 SHS NO | PAR VALUE | | 500 | common | without par |

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.

Signature of Officer

David Angelone

Print or Type Name of Officer

President

3/10/96

Title of Officer

For Secretary of State Use Only

Check No:

By:

ATTOM REPORT BETURNING

Date

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

0071804

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1

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1995

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

| PIZZERIA | | | Annual Report for | tne year: | · · · · · · · · · · · · · · · · · · · | | | |
|--|---------------------------------------|------------------|--|---|---------------------------------------|-------------------|--|--|
| Name of Corporation: | | • | , . | | | general e | | |
| Business entity organized under the laws of the State of: For foreign entity, address and telephone number of prin | : | [X] Business C | stity is (check one): ess Corporation (See RIGL Chapter 7-1.1) sional Service Corporation (See RIGL Chapter 7-5.1) | | | | | |
| | | | Brief statement of the character of business conducted in Rhode Island: | | | | | |
| Phone: () | | | | | | | | |
| Address and telephone of the principal office of business | s entity in R | lhode | resta | urant | ere e e e | | | |
| Island (Provide street address - Not P.O. Box): | | | | * * *** ** ** * * * * * * * * * * * * * | | | | |
| 1464 Park Avenue | | | | | | | | |
| Cranston, RI 02920 | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | * | | |
| Phone: (401) 944-9300 | | | ** ** ** * | | | | | |
| Thone. Nat. 17th Control of the Cont | | | | | | | | |
| | THE NA | | E OFFICERS AF | RE: | | | | |
| PRESIDENT | 1 4 6 4 | STREET ADDI | | CITY/STATE | DТ | ZIP CODE 02920 | | |
| David Angelone | 1404 | Park Ave | | Cranston, | K1 | | | |
| VICE PRESIDENT Valerie L. Angelone | | STREET ADDE | RESS | CITY/STATE | | ZIP CODE | | |
| SECRETARY SECRETARY | | STREET ADDI | DESC | CITY/STATE | | ZIP CODE | | |
| Valerie L. Angelone | | 11 | 4.53 | errisiale. | | zip code | | |
| TREASURER | | STREET ADDR | RESS | CITY/STATE | | | | |
| David Angelone | | 11 | | lt . | | 11 | | |
| | THE NAI | MES OF THE | E DIRECTORS A | RE. | Faller gyan Anthony Jan | | | |
| NAME | * * * * * * * * * * * * * * * * * * * | STREET ADD | ****** | CITY/STATE | | □ ZIP CODE | | |
| David Angelone | | Ħ | | 11 | _FT. | 7 17 m 7 180 | | |
| NAME | | STREET ADD | RESS | CITY/STATE | | , ZIP CODE | | |
| Valerie L. Angelone | | n | | *** | | er er y | | |
| NAME | | STREET ADDR | RESS | CITY/STATE | er No. | - ZIP CODE | | |
| NUMBER OF SHARES AUTHORIZED (Rider may be atta | sched) | | NUMBER OF SHAR | ES ISSUED AND OUTS | TANDING (Rider ma | y be attached) | | |
| Number of Shares Class / Series | | | Number of Shares | Class / Ser | ies | Tit. | | |
| 4,000 common/no p | ar | | 500 | commo | n/no par | | | |
| | | | | | | | | |
| Date March 10, , 19 95 | | Ву: | (Cnd (DAVI | Marie Dangelone | ·· | | | |
| | | PRINT OR TYP | PE NAME OF OFFICER SIG | Y esident | | | | |
| Form 31 1/95 | | TITLE OF OFF | ICER SIGNING | | | | | |
| DESIGNATEI |) REGIS | TERED AGE | NT FOR SERVIC | E OF PROCESS: | | | | |
| PLEASE NOTE: If the registered office and/or registe | red agent in | ndicated below i | is incorrect, Form 9 n | nust be filed. | | | | |

PETER P. D'AMICO 194 WATERMAN STREET PROVIDENCE RI 02906

KC \$ 35-138465

Filing Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations Office of The Secretary of State

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

| Corporate ID: 0071804 | | Anr | ual Report f | for the year: | 199 | 14 |
|--|-------------|----------------------------|---------------------|--------------------|---|--------------------------|
| Name of Business Entity: | | P | IZZERIA | PRODUCT | 5, INC. | |
| Business entity organized under the laws of the State of: Rho | ode Isla | and | Business Ent | tity is (check one |): | |
| Federal Taxpayer Identification Number: | | ı | | • | tion (See RIGL Ch | • |
| • • | | | | | ice Corporation (Se Company (See RIC | ee RIGL Chapter 7-5.1) |
| For foreign entity, address and telephone number of principal N/A | | | | - | ess of contact perso | |
| M/ A | | | | ions may be direc | • | |
| | | | Pete | r P. D'Ami | co, Esquire | |
| | | | 194 | Waterman S | t. | |
| Phone: () | | | Prov | idence, RI | 02906 | |
| Address and telephone of the principal office of business enti | ty in Rhode | | | | | |
| Island (Provide street address - Not P.O. Box): | | | | | er of business cond | lucted in Rhode Island: |
| Peter P. D'Amico, Esquire | | | restaur | ant | | |
| 194 Waterman St. | | | | | Ludolf C | |
| Providence, RI 02906 | · · | | Date of Orga | | [[8]49 | |
| Phone: (401) 273-4400 | | | Date of Qual N/A | ification to do bu | siness in Rhode Isl | and (if foreign entity): |
| TU | ENAME | S OF THE (| VEELCEDS. | ADF. | | |
| CHIEF EXECUTIVE OFFICER OR PRESIDENT (Check One) | | STREET ADDRESS | FFICERS | | Y/STATE | ZIPCO |
| Peter P. D'Amico | | aterman S | | Providen | | 02906 |
| CHIEF OPERATING OFFICER OR D VICE PRESIDENT (Check One) Peter P. D Amico | | street abbress as above | | CIT | Y/STATE | ZIPCO |
| CUSTODIAN OF RECORDS OR SECRETARY (Check One) Peter P. D'Amico | | STREET ADDRESS | | CIT | Y/STATE | ZIP CO |
| CHIEF FINANCIAL OFFICER OR TREASURER (Check One) Peter P. D'Amico | | street address as above | | CIT | Y/STATE | ZJP CO |
| | NAMES | OF THE D | IRECTORS | S ARE: | | |
| Peter P. D'Amico | | STREET ADDRESS | | CITY | Y/STATE | ZIP CO |
| NAME | 5 | STREET ADDRESS | | CIT | Y/STATE | ZIP CO |
| NAME | S | STREET ADDRESS | | CITY | Y/STATE | ZIP CO |
| NUMBER OF SHARES AUTHORIZED (If Applicable) | | NU | JMBER OF S | HARES ISSUEI | O AND OUTSTAN | DING (If Applicable) |
| NUMBER 4,000 | | NU | JMBER | 500 | | |
| CLASS Common | | CL | .ASS | Common | | |
| SERIES | | | RIES | | | |
| PAR VALUE OR shares are without par WITHOUT PAR | | (PA | R VALUE O | R shares a | alue or stat | ement that ear value |
| Date april 2, 19, 94 | | ву: | | | mur | 1 |
| , | | | . D'AMIC | | | |
| | Ī | PRINT OR TYPE NA | | SIGNING | | |
| | Ŧ | Preside | | | | |
| | | | | | | |
| Form 31 1/94 | | | | | | |

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

KC 3047

2417713

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 62795

Annual Report for the year 1993

FIRST: The name of the Corporation is PIZZERIA PRODUCTS, INC.

It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is restaurant.

FOURTH: If foreign corporation, address of its principal office

N/A

Business address in Rhode Island c/o Peter P. D'Amico 194 Waterman Street, Providence, RI 02906

SIXTH: Names and addresses of its directors and officers: Office Name Address

Peter P. D'Amico 194 Waterman St., Providence, RI Director:

Peter P. D'Amico President: Same as above

Peter P. D'Amico Vice Pres.: Same as above

Peter P. D'Amico Secretary: Same as above

Peter P. D'Amico Treasurer: Same as above

SEVENTH: Number of Shares Authorized:

No. of Shares Class Series

4,000 Common No Par Value

Par Value or statement that shares are without

par value

Number of Shares issued: EIGHTH:

No. of Shares Class Series

500 Common No Par Value

Par Value or statement that shares are without

par value

Dated: February 15, 1993

PIZZERIA PRODUCÍS, (Name of Corporation)

PAID

JUN 0 3 1993

By.

SECY OF STATE

MINUTES OF JOINT ANNUAL MEETING OF STOCKHOLDERS AND DIRECTORS (1993)

<u>of</u>

PIZZERIA PRODUCTS, INC.

The Joint Annual Meeting of the Stockholders and the Board of Directors was held on February 15, 1993 at 1:30 PM at the offices of Peter P. D'Amico, Esq., in accordance with the attached Waiver of Notice.

All Stockholders and Directors were present in person.

I. MEETING OF STOCKHOLDERS

The Stockholders annual meeting was called to order by the President of the Corporation, who presided at the meeting in accordance with the provisions of the By-Laws of the Corporation, and the Secretary, being present, acted as Secretary of the Meeting.

Upon motion duly made and seconded, the meeting then proceeded to the election of directors in accordance with the By-Laws. The Stockholders prepared their ballots and delivered to the inspectors, who received the same and canvassed the votes cast, and certified in writing that the following persons, having received the highest number of votes cast at said election, had been duly elected as Directors of the Corporation for the ensuing year:

Name of Shareholders Number of Shares

Peter P. D'Amico 500

The President thereupon declared said persons duly elected Directors of the Corporation to serve for the ensuing year and until their successors are elected and qualified.

On motion duly made and seconded, the minutes of the last meeting of the Stockholders of the Corporation were read, approved, ratified and confirmed.

Upon motion duly made and seconded, it was unanimously resolved that all purchases, contracts, acts, proceedings, elections and appointments by the Board of Directors of the Corporation be, and the same hereby are, approved and ratified.

Upon motion duly made and seconded, the annual meeting of Stockholders was adjourned.

II. MEETING OF DIRECTORS

The annual Directors meeting was then called to order by the President of the Corporation. For the purposes of this meeting, the Directors elected Attorney Peter P. D'Amico to serve as Chairman of the meeting.

Upon motion duly made and seconded, the President proceeded with the election of officers for the ensuing year in accordance with the By-Laws. The following nominations for officers were duly made and seconded, said officers to serve until the next annual meeting and their successors were elected and qualified:

PRESIDENT: Peter P. D'Amico

VICE PRESIDENT: Peter P. D'Amico

SECRETARY: Peter P. D'Amico

TREASURER: Peter P. D'Amico

The Directors prepared their ballots and delivered them to the Chairman, who received the same and canvassed the votes cast, and certified in writing that the aforementioned persons, having received the highest number of votes cast at said election, had been duly elected to the offices as set forth before their respective names, until their successors are elected and qualified. The President thereupon declared said persons duly elected officers of the Corporation to serve for the ensuing year, and to assume the duties and responsibilities fixed by the By-Laws.

Upon motion duly made and seconded, it was unanimously resolved that, all bonuses paid to the officers and employees of the Corporation, purchases, contracts, payments, contributions, contributions to pension and/or profit-sharing plans, medical, transportation and other reimbursements, acts and other proceedings by the officers since the last annual meeting of the Directors of the Corporation, be and the same hereby are, approved and ratified.

There being no further business, the Directors unanimously voted to adjourn the annual meeting of Directors.

Peter D'Amico, Esq. Secretary of the Meeting

Attest

Presidént

WAIVER OF NOTICE

JOINT STOCKHOLDERS AND DIRECTORS MEETING (1993)

OF

PIZZERIA PRODUCTS, INC.

We, the undersigned, being all of the Stockholders and Directors, hereby consent and agree that the annual meeting of said Stockholders and Directors shall be held at the offices of Peter P. D'Amico, D'Amico & Litwin, 194 Waterman Street, Providence, Rhode Island 02906 at 1:30 P.M. on February 15, 1993

We do further agree and consent that any and all lawful business may be transacted at such meeting or at any adjournment or adjournments thereof as may be deemed advisable by any shareholder present thereat. Any business transacted at such meeting or at any adjournment or adjournments thereof shall be as valid and legal and of the same force and effect as if such meeting or adjourned meeting were held after notice.

We hereby waive all other and further notice of said meeting pursuant to the General Laws of Rhode Island, as amended.