

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

Corporations Division 100 North Malit Street Providence, RI 02903-1335

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

2005

Filling Period: January 1 - March 1 • Filling (FORM MUST BE TYPED OR PRINTED IN BIACK)	Fee: \$50.00			
1. Corporate ID No. 2. Name of Corporation 90805 Spring Street Ma	arket Inc.			
3 Street Address Principal Business Office	e Stoppet	Hos Halley	Sluic 7	02837
1. Hustness Phone No.	5. State of Incorporation	Moleonined	1 1 1	6. SIC Code
539-0111	RHODE ISLAND			3210
7. Brief POOD PRODUCTS AT RETAIL AND WHOLES	ALE PRICES.			
8. NAMES AND ADDRESSES OF THE OFFICERS: President Name	("X" BOX FOR ATTAC		CES BEFORE USING	G ATTACHMENTS
Rantage Malta		Mec President Name Mech moud	EISA	
Sire Address 10 Timber And H	IIRd	Street Address Po Box	14 3	
City LINCOLN IZI	02865	WyomING	State RI	02898
Secretary Name ANNA MALKO		Boutros 1	nalko	
10 Tim beeland Hi	IIRd	Sirect Address 10 Timbe	aland IL	II L
City State	Zip	City	Sigle	Zip
LINCOIN IKL 9. NAMES AND ADDRESSES OF THE DIRECTOR:	02865 S: ("X" BOX FOR ATTA	LINCOLN ACHMENT) FILL IN SI	K.L. PACES BEFORE USI	1 62865 NG ATTACHMENTS
Director Name		Director Name		
Street Address		Street Address		
City State	Zip	City	State	Zip
Director Name	J	Director Name		
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Street Address		Street Address		
City State	Zip	City	State	Zıp
10. SHARES AUTHORIZED ("X" BOX FOR ATTA AUTHORIZED SHARES	 CHMENT	11. SHARES ISSUED ("X"	BOX FOR ATTACE	HMENT)
Number of Shares Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 NO PAR VALUE		400	ļ	0
This report must be signed in ink by either	r the President, Vice Pr	esident, Secretary, Assistant S	Secretary, Treasurer,	Receiver or Trustee
		Under monalty of position	. I dealers and affirm t	hat I have examined this report.
	•	including any accompan	ying schedules and sta	itements, and that all statements
110165		contained herein are tru	andcorrect	1.1
File Date 1855		Signature of Officer	<u> </u>	111110-5 Date
Check No 2405		Bouteos M	laiko Pr	<u> </u>
Ву:ОА	_	Print or Type Name of Of	ficer	
FOR SECRETARY OF STATE USE ONLY		Tille of Officer) [



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

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90805		ring Street Ma	rket Inc.		·	
treet Address Principal Business C)Дсе			G(y	State	Zip
DNC SPRING S			5. State of Incorporation	Those nattex		6. SIC Code
539-0111			1 .	·		3210
Brief Description of the Character of	of Business	Conducted in R	RHODE ISLAND			
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NAMES AND ADDRESSES	OF THE	OFFICERS:	("X" BOX FOR ATTA	ACHMENT) FILL IN Vice President Name	SPACES BEFORE USIN	IG ATTACHMENTS
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Boutras MA	TKO.			Street Address	<u> </u>	.
10 Timber IA	od F	411 Ro	J	PO BOX	143	
1.	State	T	Zip	City	State T	Zip 12006
LINCO IN	J K	上	102865	WYOMING	1 12 12	02898
ANNA MALKO				Treasurer Name DoutRos	Malko	
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10 Timber	<u>aud</u>	14111	<u>ka</u>	10 1mb	er land Hi	11 Kd
Lucato	State	7	02865	City	Stato-	Zip C
LINCOIN	OF THE	· : DIRECTOR	·	LINCO N	IN SPACES BEFORE US	INC ATTACHMENTS
. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT		Director Name	IN STREES BEFORE OF	and at the interior		
rei Address		<u> </u>		Street Address		
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ector Name	. J	••••••	J	Director Name		
ri Address				Street Address		
,	State		Zip	City	State	7.(p
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mber of Shares	Class/Sen	ies	Par Value	Number of Shares	Class/Scries	Par Value
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This report must be :	signed is	n ink by cithe	er the President, Vice	President, Secretary, Assist	ant Secretary, Treasure	r, Receiver or Trustee

FOR SECRETARY OF STATE USE ONLY

contained herein are true and correct.

Signature of Officer

Bouters Malko Print or Type Name of Officer

Form 630 Rev. 12/03

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

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INSTRUCTIONS

Filing Period: January	1-March 1 •	Filing Fee: \$50.00			INSTRUCTIONS
(FORM MUST BE TYPED OR PRINT 1. Corporate ID No.	2. Name of Corporal				
90805	Spring Stree	et Market Inc.			
3. Street Address Principal Business		i	City	y State RI	Zip
ONE SPRIN	G Stree	· T	HopeValle	y Ful	02832
4. Business Phone No.		5. State of Incorporation	•	1	6. SIC Code
539 - 011 l					3210
Small GROC	ery Store	E ETIZZERIA			
8. NAMES AND ADDRES President Name	SES OF THE OFFI	CERS ("X" BOX FOR ATTACH	Vice President Name	EFORE USING ATTACH	MENTS
Street Address	MALKO		Mah moad	EISSA	
10 Timbe	er loud]		PO BOK		Zip
LINCOLN		02865	WYOMING	R.T.	02868
Secretary Name ANA MALKO	·		BAUTROS	Malko	
Street Address	1 1	_	Clean Address		_
10 Timber	eland by	L,	10 11m	berland 1	
City	State D T	Zip .	City	State	Zip
LINCOLN	KI	02865	HNCOLA) KI	02865
9. NAMES AND ADDRES Director Name	SES OF THE DIRI	ECTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATTAC	CHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	NO	ŰE	Director Name		•
Street Address	1001	•	Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 NO PAR VALUE			400	pone	1,00
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This report must be sign	ed in ink by eith	her the President, Vice F	President, Secretary, Assis	tant Secretary, Treasur	er, Receiver or Truste
	 	 			

	* 9 0 8 0 5 *
ile Date:	1-14-03
heck No.:	1836
y;	de

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

Print or Pape Name of Officer

Title of Officer

Form 630 1202

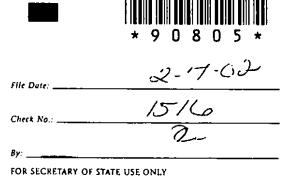
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002



Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation I. Corporate ID No. 90805 Spring Street Market Inc. 3. Street Address Principal Business Office HopeValley 02832 5. State of Incorporation 6. SIC Code 3210 **RHODE ISLAND** 539-0111 7. Brief Description of the Character of Business Conducted in Rhode Island Small GROCERY 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** Vice President Name Boutros Inalko MAHMOUD EISSA MALKO. ANA MAIKO Bouteos linberland imberland DRIVE 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address City State Zip City State ZIp Director Name Director Name Street Address Street Address City State City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSURED SHARES Number of Shares Class/Series Number of Shares Par Value Class/Series Par Value **400 NO PAR VALUE** 400 NONC

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.

CAPINI S	1/11/01
Signature of Officer	Date
70 . 0. 17	

Bouteos Mako
Print or Type Name of Officer

resident	
of Officer	

Form 630 12/01

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

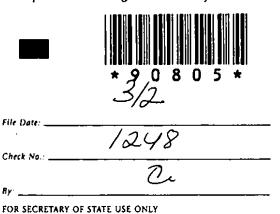
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001



Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 90805 Spring Street Market Inc. 3. Street Address Principal Business Office Hope VAlley RI 4. Business Phone No. 5. State of Incorporation RHODE ISLAND 539-0111 7. Brief Description of the Character of Business Conducted in Rhode Island Store & PIZZERIA SMALL GROCERY 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Boutros Malko MALMOUD EISSA 10 TIMBER AND DRIVE City City **ムノルでの**[^ Secretary Name ANA MALKO Street Address Timberland Drive City 02865 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address Zip City State 210 City State Director Name Director Name Street Address Street Address City State ZIP Clty 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 Por Value 400 SHS NO PAR VALUE 400 NONE 1.00

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

Title of Officer



Under penalty of perjury, I declare and affi	rm that I have examined
this report, including any accompanying se	chedules and statements, an
that all statements contained herein are tri	ue and correct.
- Maria	3/1/01
Signatule of Officer	Date
Bouteos Malko	
Print or Type Name of Officer	
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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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CK)				
Office		City	State	Zip
	5. State of incorporation RHODE ISLAND Rhode island	Hope Valley	RI	0 2 8 3 2 6. SIC Code 3210
		MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	CHMENTS
ko		Mahmoud Eis	sa	
and Drive	· Zip	P.O. Box 143	State	Zip
RI and Drive	02865	Street Address		02898
State RI	zip 02865	City Lincoln	State RI	zip 02865
SES OF THE DIRE	CTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATT.	ACHMENTS
		Street Address		
State	Zip	City	State	Zip
•		Director Name		
		Street Address		
State	Zip	City	State	Zip
D ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	τ)
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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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.

-1	- ha		1/6/2000
Signature of Officer		Date	

Print or Type Nume of Office Malko	
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 1999



Filing Period: Ja	nuary 1-March 1 • .	Filing Fee: \$50.00			INSTRUCTIONS
(FORM MUST BE TYPED	IN BLACK) 2. Name of Corporation				
1. Corporate ID No. 90 805 3. Street Address Principal		- ۱ مسید	+ Market	JUC P.	0 BOX 1156
ON E	Business Office SPRIN SPRING S 101 1539 OIII	treet 5. State of Incorporation	HopeVAlle	ey RI	02832 6. SIC Code
					32.1C
7. Brief Description of the	Character of Business Conducted in	Rhode Island CA ad Fast L	ad Service		
8. NAMES AND AI	DDRESSES OF THE OFFIC	CERS ("X" BOX FOR ATTAC	Vice President Name	S BEFORE USING ATTAC	- - -
Street Address	s Malko		MAHMO	ud EISSA	
119 Su	immit Aue	Loue	POBO	X 143	Zip
	FAlls"RI	"O2863		G RI	02898
Secretary Name ANA /	Nalko		Treasurer Name BOUTE	os Malko	· —
119 Su	immit Avex	u e	""ill'9 Su	immit Ave	enue.
CENTRAL F	Alls State RI	02863	Central F7	HS RI	. 102.86.3
9. NAMES AND AI Director Name	DDRESSES OF THE DIREC	CTORS (*X* BOX FOR ATT)	ACHMENT) C FILL IN SPA Director Name	CES BEFORE USING ATTA	CHMENTS
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Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address	-	-
City	State	Zip	City	State	ZIP
•	ORIZED (*X* BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED	(*X" BOX FOR ATTACHMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must b	e signed in ink by eithe	er the President, Vice	President, Secretary, A	ssistant Secretary, Treasu	irer, Receiver or Trustee

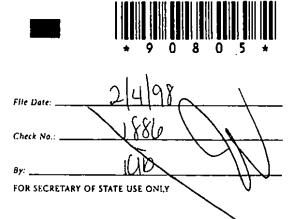


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

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

(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No. 90805	2. Name of Corporation Spring Street	Market Inc.			
3. Street Address Principal Business	omice		City //	State OO	Zip
4. Business Phone No.	VNG DK	Sign of incorporation RHODE ISLAN	HAJOR HALL	ry KB	6. SIC Code
401-539-	01//	MINODE ISLAN			3210
7. Brief Description of the Character	of Business Conducted in B	thode Island	2281-		
8. NAMES AND ADDRESS	SES OF THE OFFICE	ERS ("X" BOX FOR ATTAC	CHMENT)		
President Name HOWHOS PH	240		· Vice President Name		
Street Address	52.		Street Address		
COUNTROL TAUS	State	0-21/2:3	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zîp
9. NAMES AND ADDRESS Director Name	SES OF THE DIREC	TORS ("X" BOX FOR AT	TACHMENT) Director Name	-	
Street Address			Charact Addrson	•	
SHEEL MULLESS			Street Address		
City	State	Zip	City	State	Zip
Director Name	• • •		Director Name	•	• •
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI AUTHORIZED SHARES	D ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (X" BOX FOR ATTACHMEN	7)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
400 SHS NO PAR VA	LUE		400	Compan	/ 6

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.

Date

Title of Officer

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

90805

Spring Street Market Inc.

State 210 3. Street Address Principal Business Office City 02832 1 Spring Street Hope Valley R.I. 6. SIC Code 4. Business Phone No. 5. State of Incorporation 401-539-0111 **RHODE ISLAND** 3210 7. Brief Description of the Character of Business Conducted in Rhode Island Retail of groceries and general merchandise. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Boutros Malko Mahoud Eissa Street Address Street Address 119 Summit Street PO BOX 143 State State Zip 02863 Central Falls R.I. 02898 Wyoming R.I. Secretary Name Treasurer Name Ana Malko Boutros Malko Street Address Street Address 119 Summit Street 119 Summit Strret Zip 02863 Central Falls R.I. Central Falls R.I. 02863 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address ZIp Zip City State City State Director Name Director Name Street Address Street Address City State Zip City State 10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Class/Series Number of Shares

400 SHS NO PAR VALUE

Number of Shares

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

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File Date:	3.3.97
Check No.:	77SO
Ву:	1UP
FOR SECRETA	RY OF STATE USE ONLY

Class/Series

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.