

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401 222.3040

| Filing Period: January 1  | March 1 ● Fi                             | iling Fee: \$50.00     | ORT FOR THE Y                                 |  | <u></u>   |
|---|--|------------------------|---|--|---|
| (FORM MUST BE TYPED IN I<br>1. Corporate ID No. \<br>122808       | BLACK)  2 Name of Corpoi  R. Willis Inco |                        |   |  |   |
| 3. Street Address Principal Busi                                  |  |                        | City  | State  | Zip   |
| 267 Old County Ro   |  |                        | Smithfield                                    | RI   | 02917   |
| 4. Business Phone No.   |  | 5. State of Incorpora  |   |  | 6, SIC Code   |
| 7. Brief Description of the Char<br>MOBILE CATERING               | acter of Business Con                    | ducted in Rhode Island |   |  |   |
| 8: NAMES AND ADDRES President Name                                | SES OF THE OFF                           | TCERS CX"BOX FOR       | ATTACHMENT)   FILL IN SP. Vice President Name | ACES BEFORE USING AT   | TACHMENTS   |
| Raymond Willis  |  |                        | Ana Willis                                    |  |   |
| Street Address  |  |                        | Street Address                                | B 3  |   |
| 267 Old County Ro   | ad                                       |                        | 267 Old County                                |  |   |
| City  | State                                    | Zip                    | City  | State  | <i>Ζιρ</i><br>: 02917   |
| Smithfield  | RI                                       | 02917                  | Smithfield Treasurer Name                     | RI   | 02317   |
| Secretary Name Ana Willis   |  |                        | Raymond Willis                                |  |   |
| Street Address  |  |                        | Street Address                                | A CONTRACTOR OF THE STATE OF TH | e de la companya de |
| , Since Radress<br>- 267 Old County Ro                            | ad                                       |                        | 267 Old County                                | Road   |   |
| City  | State                                    | Zip                    | City  | State  | Zıp   |
| Smithfield  | RI                                       | 02917                  | Smithfield                                    | RI   | 02917   |
| 9. NAMES AND ADDRES   | SSÉS OF THE DIR                          | ECTORS ("X" BOX FO     | BATTACHMENT) THE IN                           | SPACES BEFORE USING  | ATTACHMENTS   |
| None  |  |                        |   |  |   |
| Street Address  |  |                        | Street Address                                |  |   |
|   |  |                        |   |  |   |
| City  | State                                    | Zip                    | -City   | State  | Zıp   |
| Director Name   | •  |                        | Director Name                                 |  |   |
| Street Address  | , ,                                      |                        | Street Address                                |  | ***   |
| City  | State                                    | Zıp                    | City  | State  | Zıp   |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)  AUTHORIZED SHARES |  |                        | II. SHARES ISSUED ("X" E<br>ISSUED SHARES     | X" BOX FOR ATTACHME  | <b>w<sub>2</sub>□</b>   |
| Number of Shares  | Class/Series                             | Par Value              | Number of Shares                              | Class/Series   | Par Value   |
| R OOO NO DAD MALLE  | •  |                        | 100   | common   | no par value  |
| 8,000 NO PAR VALUE  |  |                        | . <b>100</b>                                  | :  |   |
|   |  |                        |   | •  | •   |
| •   |  |                        |   |  | n   |
| This report must be sign  | i <mark>ed in ink</mark> by eith         | er the President, Vic  | President, Secretary, Ass.                    | istant Secretary, Treas  | surer, Receiver or Trusiee  |
|   |  |                        |   |  |   |
| ## 11 <b>8</b> 18    <b>118</b> 18                                | 001 (01() 00101 (0)                      |                        |   |  |   |
|   | 881 1818 88181 181                       |                        |   |  |   |
| 1 2 2   | 8 0 8                                    |                        | Under penalty of pe                           | crjury, I declare and affirm   | that I have examined  |
|   |  |                        |   | ig any accompanying scho   |   |
| *122808 DBC 02/25   | 24 99:16:03 PM*                          | 1                      | and that all stateme                          | nts contained herein are to  | rue and correct.  |
| 5-16-E  | בטיייים:                                 |                        | ( ) NO. I                                     | Lielia ?   | 2/23/05   |
| File Date   | 2005 0                                   | _ ]                    | Signature of Officer                          |  | Date  |
| Check No.   | 1 COON 27                                | 281                    | Ana Willis                                    |  |   |
| Y 1   | <u>Λ</u> .                               | <del>-</del> -         | Print or Type Name of                         | of Officer   | <del></del>   |
| B <sub>Y</sub>  | 7)                                       | _                      | Vice President                                |  |   |
| FOR SECRETARY OF STAT   | E USE ONLY                               |                        | Title of Officer                              |  | Form 630 12/01  |
|   |  |                        | Time of colliner                              | <b>⊘</b> g   | 101111 030 11301  |



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

| 1. Corporate ID No.              | BLACK)  2. Name of Corpo              | ration                                  | ······································ | · · · · · · · · · · · · · · · · · · · |                          |  |
|----------------------------------|---------------------------------------|---|--|---------------------------------------|--------------------------|--|
| 122808                           | R. Willis Inc                         |   |  |                                       |                          |  |
| 3. Street Address Principal Bus  | · · · · · · · · · · · · · · · · · · · |   | City                                   | State                                 | Zip                      |  |
| 25 BULLOCKS POINT AVENUE #5C     |                                       |   | EAST PROVIDENCE                        | RI                                    | 02915-                   |  |
| 4. Business Phone No.            |                                       | 5. State of Incorpora                   | uion                                   | L                                     | 6. SIC Code              |  |
|                                  |                                       | RHODE ISLAI                             |  |                                       |                          |  |
| 7. Brief Description of the Cha  | racter of Business Cor                | iducted in Rhode Island                 |  |                                       |                          |  |
| MOBILE CATERING                  | ,                                     |   |  |                                       |                          |  |
| 8 NAMES AND ADDRE                | SSES OF THE OF                        | FICERS C'X" BOX FOR                     | ATTACHMENT) TILL IN SPACE              | S BEFORE USING AT                     | TACHMENTS                |  |
| President Name                   | 0000 01 1012 211                      | 1 T. T. 1 | Vice President Name                    | • • • •                               | <del></del>              |  |
| Raymond Willis                   |                                       |   | · Ana Willis                           |                                       |                          |  |
| Street Address                   |                                       |   | Street Address                         |                                       |                          |  |
| 25 BULLOCKS POIN                 | T AVENUE #50                          | <u> </u>                                | . 25 BULLOCKS POINT                    |                                       |                          |  |
| Ciry                             | State                                 | Zip                                     | City                                   | State                                 | <i>(Zip</i><br>  02915   |  |
| EAST PROVIDENCE                  | RI                                    | 02915                                   | EAST PROVIDENCE                        | RI                                    | 102312                   |  |
| Secretary Name                   |                                       |   | Treasurer Name<br>Raymond Willis       |                                       |                          |  |
| Ana Willis                       |                                       |   | * Street Address                       |                                       |                          |  |
| Street Address                   |                                       |   | . 25 BULLOCKS POINT AVENUE #5C         |                                       |                          |  |
| 25 BULLOCKS POINT AVENUE #5C     |                                       |   |  |                                       |                          |  |
| Ciny EAST PROVIDENCE             | State<br>RI                           | Zip<br>02915                            | City EAST PROVIDENCE                   | RI                                    | 02915                    |  |
|                                  |                                       | 1                                       |  | /                                     |                          |  |
| 9. NAMES AND ADDRE Director Name | 22F2 OF THE DIE                       | CECTORS ("X"BOX")                       | DR ATTACHMENT)   FILL IN SPA           | CES BELOKE DSING                      | ATTACHMENTS              |  |
| None .                           |                                       |   | •                                      |                                       |                          |  |
| Sircet Address                   |                                       |   | Street Address                         |                                       | <del></del>              |  |
| Sirvet Address                   |                                       |   | •                                      |                                       |                          |  |
| Cit                              | Trans                                 | Zip                                     | •City                                  | State                                 | Zip                      |  |
| City                             | State                                 | 2.0                                     | •                                      |                                       |                          |  |
| Director Name                    |                                       |   | Director Name                          | . <b>.</b> l                          |                          |  |
| DIRECTOR Hame                    |                                       |   | ,                                      |                                       | •                        |  |
| Street Address                   |                                       |   | Sireet Address                         |                                       |                          |  |
|                                  |                                       |   | :                                      |                                       | •                        |  |
| City                             | State                                 | Zip                                     | .City                                  | State                                 | Zip                      |  |
|                                  |                                       | l                                       |  | ]                                     |                          |  |
| 10. SHARES AUTHORI               | ZED ("X" BOX FO                       | RATTACHMENT)                            | 11. SHARES ISSUED ("X" E               | OX FOR ATTACHMEN                      | Vカ 🗆                     |  |
| AUTHORIZED SHARES                |                                       |   | ISSUED SHARES                          |                                       |                          |  |
| Number of Shares                 | Class/Series                          | Par Value                               | Number of Shares                       | Ciass/Scries                          | Par Value                |  |
| O OOO NO DAD WALLI               | <del>-</del>                          |   | 100                                    | common                                | no par value             |  |
| 8,000 NO PAR VALUE               | <b>E</b>                              |   | i 100                                  |                                       |                          |  |
|                                  |                                       |   | o                                      |                                       | ,                        |  |
| <b>.</b>                         |                                       |   | İ                                      |                                       |                          |  |
| This report must be sig          | ned in ink by cit!                    | er the President, Vic                   | e President, Secretary, Assista        | nt Secretary, Treas                   | urer, Receiver or Trusto |  |
|                                  |                                       |   | •                                      |                                       |                          |  |
| 81 11816 11918 1                 |                                       |   |  |                                       |                          |  |
|                                  |                                       |   |  |                                       |                          |  |
|                                  |                                       |   | Under penalty of perjur                | u I declare and affirm                | that I have examined     |  |
| 1 2 2                            |                                       |   | this report, including ar              |                                       |                          |  |
|                                  |                                       |   | and that all statements                |                                       |                          |  |
| *122808 DBC 02 <i>j2</i> 5/      | /04 09:16;03 PM                       | ·                                       | $\bigcap$ $\sim$ $\bigcap$             |                                       | 310101                   |  |
| File Date                        | 11-00                                 | <b></b>                                 |  | auliu                                 | 312104                   |  |
|                                  | 212                                   | !                                       | Signature of Officer                   | -                                     | Date                     |  |
| Check No. C                      |                                       | <b>–</b> l                              | Ana Will <u>is</u>                     |                                       |                          |  |
| • •                              | < X                                   | •                                       | Print or Type Name of Of               | licer                                 | <u> </u>                 |  |
| B <u>y:</u>                      | <u> </u>                              | <del></del> '                           | Vice Presider                          | nt                                    |                          |  |
| FOR SECRETARY OF STA             | TE LICE ONLY                          | l                                       | Title of Officer                       | <del></del>                           | Form 630 12/             |  |



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 2003

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. R. Willis Incorporated \*122808\* 3. Street Address Principal Business Office 25 Bullocks Point Avenue, No. 5C East Providence RI 02915 6. SIC Code 5. State of Incorporation 4. Business Phone No. 3086 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island
MOBILE CATERING 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Raymond Willis . Ana Willis Street Address Street Address . 25 Bullocks Point Avenue, No. 5C 25 Bullocks Point Avenue, No. 5C Zip State ŹΙp Siate Cin 02915 02915 East Providence RI East Providence Treasurer Name Secretary Name Raymond Willis Ana Willis · Street Address Street Address 25 Bullocks Point Avenue, No. 5C 25 Bullocks Point Avenue, No. 5C \*City State Zip State 02915 02915 .East Providence RI East Providence RI 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 State Zip Cirv State Zip Director Name Director Name Street Address ·Street Address Zip State State Lity 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Par Value Number of Shares Class/Series Par Value Number of Shares Class/Series common zero 100 8,000 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. \*122808 DBC5/7/035:37:20 PM\* File Date Signature of Officer Ana Willis Check No. Print or Type Name of Officer Vice President FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 12/01