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 IN BLACK)

1. Corporate ID No. 122808

2. Name of Corporation R. Willis Incorporated

3. Street Address Principal Business Office 267 Old County Road

City Smithfield *State* RI *Zip* 02917

4. Business Phone No.

5. State of Incorporation RHODE ISLAND

6. SIC Code

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 Raymond Willis
Street Address 267 Old County Road
City Smithfield *State* RI *Zip* 02917

Vice President Name Ana Willis
Street Address 267 Old County Road
City Smithfield *State* RI *Zip* 02917

Secretary Name Ana Willis
Street Address 267 Old County Road
City Smithfield *State* RI *Zip* 02917

Treasurer Name Raymond Willis
Street Address 267 Old County Road
City Smithfield *State* RI *Zip* 02917

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

Director Name None
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
8,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
100	common	no par value

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

[redacted] 1 2 2 8 0 8 [redacted]

122808 DBC FILED 09:16:03 PM
File Date FEB 24 2005
Check No. 2728
By 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.

Ana Willis 2/22/05
Signature of Officer *Date*

Ana Willis
Print or Type Name of Officer

[redacted] Vice President
Title of Officer

Form 630 12/01

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 IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
122808	R. Willis Incorporated			
3. Street Address Principal Business Office		City	State	Zip
25 BULLOCKS POINT AVENUE #5C		EAST PROVIDENCE	RI	02915-
4. Business Phone No.	5. State of Incorporation			6. SIC Code
	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 #5C			25 BULLOCKS POINT AVENUE #5C		
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02915	EAST PROVIDENCE	RI	02915
Secretary Name			**Treasurer Name**		
Ana Willis			Raymond Willis		
Street Address			Street Address		
25 BULLOCKS POINT AVENUE #5C			25 BULLOCKS POINT AVENUE #5C		
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02915	EAST PROVIDENCE	RI	02915

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

Director Name			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)* ☐ **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*
8,000 NO PAR VALUE			100	common	no par value
			0		

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

[redacted] 122808

122808 DBC 02/25/04 09:16:03 PM
File Date 3-1-04
Check No. 2627
By: SE
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Ana P. Willis 3/5/04
Signature of Officer *Date*

Ana Willis
Print or Type Name of Officer

[redacted] Vice President
Title of Officer

Form 630 12/01

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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
122808	R. Willis Incorporated			
3. Street Address Principal Business Office		City	State	Zip
25 Bullocks Point Avenue, No. 5C		East Providence	RI	02915
4. Business Phone No.	5. State of Incorporation			6. SIC Code
	RHODE ISLAND			3086
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		
City	State	Zip	City	State	Zip
East Providence	RI	02915	East Providence	RI	02915
Secretary Name			**Treasurer Name**		
Ana Willis			Raymond Willis		
Street Address			Street Address		
25 Bullocks Point Avenue, No. 5C			25 Bullocks Point Avenue, No. 5C		
City	State	Zip	City	State	Zip
East Providence	RI	02915	East Providence	RI	02915

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

Director Name			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)* ☐ **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
8,000	NO PAR VALUE		100	common	zero

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

[redacted] *122808*

122808 DBC5/7/03 5:37:20 PM
File Date 5-19-03
Check No. 25741
By: ac
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Ana Willis 5/16/03
Signature of Officer *Date*

Ana Willis
Print or Type Name of Officer

[redacted] Vice President
Title of Officer

Form 630 12/01