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

FORM MUST BE TYPED IN BL	•				
I. Corporate ID No. 131513	2. Name of Corpor	POCKET, INC.			
- 131313 3. Street Address Principal Busine		rocker, inc.	City	State	Zıp
24 SHERWOOD AVENUE	_		NORTH PROVIDENCE	RI	02911-
l. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
. Brief Description of the Charac RESTAURANT BUSINESS,	cter of Business Con MORE SPECIF	ducted in Rhode Island ICALLY POOD PREPARAT	TION AND SALES OF MIDDL	E EASTERN POO	מכ
8. NAMES AND ADDRESS President Name	ES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES Vice President Name	BEFORE USING A	ITACHMENTS
Paul Boutros			Rita Boutros		
Street Address			Street Address	#50	
24 Sherwood Avenue			650 Admiral Street		
City	State	Zip	City	State	<i>Ζιρ</i> 02908
North Providence ecretary Name Paul Boutros	RI	02911	Providence Treasurer Name Kamil Boghos	RI	02908
			Street Address		
<i>Street Address</i> 24 Sherwood Avenue			650 Admiral Street	#B3	
City	State	Z ip	City	State	Zip
North Providence	RI	02911	Providence	RI	02908
9. NAMES AND ADDRESS Director Name	ES OF THE DIR	ECTORS ("X" BOX FUR AT	TACHMENT) TILL IN SPACE	S BEFORE USING	ATTACHMENTS
None			None		
treet Address			Street Address		
Sity	State	Zip	City	State	Zip
•		•			
Director Name			Director Name		
None			None		
itreet Address			Street Address		
City	State	Zip	City	State	Zıp
10. SHARES AUTHORIZE	D ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X" BOX ISSUED SHARES	K FOR ATTACHME	ים מיע
AUIHORIZED SHARES Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 NO PAR VALUE			200	Common	No Par
Number of Shares 200 NO PAR VALUE			•	Common	No Par
DI 1100F 1110F 12FE	: Eligi moss mi				
	5 1 3		Under penalty of perjury, I		
4404540 DDO 04445405	40.50.00.444	$\overline{}$	and that all statements con		
131513 DBC 01/15/05	10:53:03 AM		<u> </u>		
File Date / 37		_	FIXE		1-25-05
1/79	304		Signature of Officer		Date
Check No.	<u>,, </u>	_	Paul Boutros		
P	Le.		Print or Type Name of Office	τ	
В <u>у:</u>		-	President		
FOR SECRETARY OF STATE	USE ONLY	<u>-</u>	Title of Officer		Form 630



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

Matthew A. Brown, Secretary of State

2004 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

INOTH CONTONALIC	/17 ·	ANNOAD REPORT FOR THE TERM	_
Filing Period: January 1 - March 1	•	Filing Fee: \$50.00	
FORM MUST BE TYPED OR PRINTED IN BL	ACK)		

1. Corporate ID No.	1. Corporate ID No. 2. Name of Corporation				
131513	131513 EAST SIDE POCKET, INC.				
3. Street Address Principal Business O	ffice.		City	State	Zip
24 Sherwood Avenue			North Providence	RI	02911
4. Business Phone No.		5. State of Incorporation	1		6. SIC Code
(401)	 	RHODE ISLAND	<u> </u>		
7. Brief Description of the Character of RESTAURANT BUSINES:	of Business Conducte S, MORE SPECIF	d in <i>Rhode Island</i> FICALLY FOOD PREPARA	TION AND SALES OF MIDDLE EA	STERN FOOD	
8. NAMES AND ADDRESSES	OF THE OFFIC	ers: ("X" BOX FOR AT	TACHMENT) FILL IN SPACE	CES BEFORE USIN	G ATTACHMENTS
President Name		•	Vice President Name		
Paul Boutros			Rita Boutros		
Street Address			Street Address		
24 Sherwood Avenue			650 Admiral Street	#A2	
City	State	Zip	City	State	Zip
North Providence	RI	02911	Providence	RI	02908
Secretary Name	d		Treasurer Name	,	
Paul Boutros			Kamil Boghos		
Street Address			Street Address		
24 Sherwood Avenue			650 Admiral Street	#B3	
City	State	Zip	City	State	Zip
North Providence	RI	02911	Providence	RI	02908
9. NAMES AND ADDRESSES	OF THE DIREC	TORS: ("X" BOX FOR A	ATTACHMENT) 🔲 FILI. IN SP	ACES BEFORE US	ING ATTACHMENTS
Director Name			Director Name		
None		<u> </u>	None		
Sincer Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	•••••••		Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	Cliy	State	Zip
				1	
10. SHARES AUTHORIZED	CX" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTAC	HMENT) 🗌
AUTHORIZED SHARES		_	ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 NO PAR VALUE			200	Common	No Par
	<u> </u>		- Description Conserved Assistance		Dessius of Touris
This report must be	signed in ink by	either the President, Vic	e President, Secretary, Assistant S	secretary, Treasurer	, Receiver of Truste
			Under penalty of perjury		
			including any accompan		

		*
File Date _	1.98.09	•
Check No	10333	
Ву:	<u> </u>	
FC	OR SECRETARY OF STATE USE ONLY	

	affirm that I have examined this report, and statements, and that all statements
- Faux	11-21-04 Dusc
ignature of Officer	Date
Paul Boutros	
Print or Type Name of Officer	
President	
File of Officer	