



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. 131513 2. Name of Corporation EAST SIDE POCKET, INC.  
3. Street Address Principal Business Office 24 SHERWOOD AVENUE City NORTH PROVIDENCE State RI Zip 02911-  
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

RESTAURANT BUSINESS, MORE SPECIFICALLY FOOD PREPARATION AND SALES OF MIDDLE EASTERN FOOD

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

President Name Paul Boutros Street Address 24 Sherwood Avenue City North Providence State RI Zip 02911	Vice President Name Rita Boutros Street Address 650 Admiral Street #A2 City Providence State RI Zip 02908
Secretary Name Paul Boutros Street Address 24 Sherwood Avenue City North Providence State RI Zip 02911	Treasurer Name Kamil Boghos Street Address 650 Admiral Street #B3 City Providence State RI Zip 02908

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

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value

200 NO PAR VALUE

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

ISSUED SHARES  
Number of Shares Class/Series Par Value

200 Common No Par

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



1 3 1 5 1 3

\*131513 DBC 01/15/05 10:53:03 AM\*

File Date 1-31-05

Check No. 10904

By: [Signature]

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.

Signature of Officer

Date

Paul Boutros

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 131513		2. Name of Corporation EAST SIDE POCKET, INC.			
3. Street Address Principal Business Office 24 Sherwood Avenue			City North Providence	State RI	Zip 02911
4. Business Phone No. (401)		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island RESTAURANT BUSINESS, MORE SPECIFICALLY FOOD PREPARATION AND SALES OF MIDDLE EASTERN FOOD					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul Boutros			Vice President Name Rita Boutros		
Street Address 24 Sherwood Avenue			Street Address 650 Admiral Street #A2		
City North Providence	State RI	Zip 02911	City Providence	State RI	Zip 02908
Secretary Name Paul Boutros			Treasurer Name Kamil Boghos		
Street Address 24 Sherwood Avenue			Street Address 650 Admiral Street #B3		
City North Providence	State RI	Zip 02911	City Providence	State RI	Zip 02908
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200 NO PAR VALUE			200	Common	No Par

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



\* 1 3 1 5 1 3 \*

File Date	1-28-09
Check No.	10355
By:	UP
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.

Signature of Officer: Paul Boutros Date: 01-21-09  
Print or Type Name of Officer: Paul Boutros  
Title of Officer: President