



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 OR PRINTED IN BLACK)

1. Corporate ID No 104518		2. Name of Corporation East Bay Refreshments, Inc.			
3. Street Address Principal Business Office 400 WATERMAN AVENUE		City EAST PROV.	State RI	Zip 02914	
4. Business Phone No. 401-434-2024		5. State of Incorporation RHODE ISLAND		6. SIC Code 3236	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF SELLING AND PREPARING FROZEN LEMONADE AND OTHER LEMONADE PRODUCTS AND SNACK FOODS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James B. McKivergan			Vice President Name PAUL T. McKivergan		
Street Address 133 Cardinal Road			Street Address 77 HEATH STREET		
City COANTON	State RI	Zip 02921	City E. PROV.	State RI	Zip 02914
Secretary Name PAUL T. McKivergan			Treasurer Name JAMES B. McKivergan		
Street Address SAME			Street Address SAME		
City SAME	State SAME	Zip SAME	City SAME	State SAME	Zip SAME
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address SAME			Street Address SAME		
City SAME	State SAME	Zip SAME	City SAME	State SAME	Zip SAME
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			2,000		NO PAR VALUE

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



File Date	2/25/05
Check No.	1941
By:	VC
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.

James B. McKivergan 2/20/05
Signature of Officer Date
JAMES B. McKivergan
Print or Type Name of Officer
President/Treasurer
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 104518		2. Name of Corporation East Bay Refreshments, Inc.			
3. Street Address Principal Business Office 133 CARDINAL ROAD		City CRANSTON		State RI	Zip 02921
4. Business Phone No 401-434-8024		5. State of Incorporation RHODE ISLAND			6. SIC Code 3236
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF SELLING AND PREPARING FROZEN LEMONADE AND OTHER LEMONADE PRODUCTS AND SNACK FOODS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAMES MCKIVERGAN			Vice President Name PAUL MCKIVERGAN		
Street Address 133 CARDINAL ROAD			Street Address 77 HEATH ST.		
City CRANSTON	State RI	Zip 02921	City E. PROVIDENCE	State RI	Zip 02915
Secretary Name PAUL MCKIVERGAN			Treasurer Name JAMES MCKIVERGAN		
Street Address 77 HEATH ST.			Street Address 133 CARDINAL ROAD		
City E. PROVIDENCE	State RI	Zip 02915	City CRANSTON	State RI	Zip 02921
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		
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) <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
2,000 NO PAR VALUE			2,000 NO PAR VALUE		

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



* 1 0 4 5 1 8 *

File Date 3/30/04
Check No. 1822
By: US

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.

James McKivergan 3/1/04
Signature of Officer Date
JAMES MCKIVERGAN
Print or Type Name of Officer
President
Title of Officer



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

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

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

104518

2. Name of Corporation

East Bay Refreshments, Inc.

3. Street Address Principal Business Office

133 CARDINAL ROAD

City

CRANSTON

State

RI

Zip

02921

4. Business Phone No.

434-8024

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3236

7. Brief Description of the Character of Business Conducted in Rhode Island

SOFT FROZEN LEMONADE

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

JAMES MCKIVERGAN

Street Address

133 CARDINAL ROAD

City

CRANSTON

State

RI

Zip

02921

Secretary Name

PAUL MCKIVERGAN

Street Address

SAME

City

State

RI

Zip

Vice President Name

PAUL MCKIVERGAN

Street Address

77 HEATH ST

City

E PROV.

State

RI

Zip

02915

Treasurer Name

JAMES MCKIVERGAN

Street Address

SAME

City

State

RI

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

JAMES MCKIVERGAN

Street Address

ABOVE

City

State

Zip

Director Name

PAUL MCKIVERGAN

Street Address

ABOVE

City

State

RI

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

RI

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

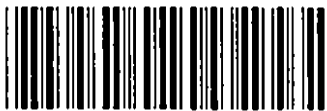
Class/Series

Par Value

2,000

NO PAR VALUE

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



* 1 0 4 5 1 8 *

File Date: 3.21.03

Check No.: 1678

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.

James B. McKivergan
Signature of Officer
JAMES B. MCKIVERGAN
Print or Type Name of Officer
PRESIDENT
Title of Officer



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

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)

1. Corporate ID No. **104518**
2. Name of Corporation **East Bay Refreshments, Inc.**
3. Street Address Principal Business Office
133 CARDINAL ROAD
4. Business Phone No. **401-823-7404**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island

City **CRANSTON** State **R.I.** Zip **02921**
6. SIC Code **3236**

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

President Name **JAMES B. Mc KIVERGAN**
Street Address **133 CARDINAL ROAD**
City **CRANSTON** State **R.I.** Zip **02921**
Secretary Name **PAUL T. Mc KIVERGAN**
Street Address **77 HEATH STREET**
City **EA. PROV.** State **R.I.** Zip **02915**

Vice President Name **PAUL T. Mc KIVERGAN**
Street Address **77 HEATH STREET**
City **EA. PROV.** State **R.I.** Zip **02915**
Treasurer Name **JAMES B. Mc KIVERGAN**
Street Address **133 CARDINAL ROAD**
City **CRANSTON** State **R.I.** Zip **02921**

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

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
2,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value
2 000 NO PAR VALUE

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



* 1 0 4 5 1 8 *

File Date: **1-16-02**
1516
Check No.:
By: **2**

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 **James B. Mc Kivergan** Date **1/7/02**
Print or Type Name of Officer **JAMES B. Mc KIVERGAN**
Title of Officer **PRESIDENT**



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



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. 104518 2. Name of Corporation East Bay Refreshments, Inc.

3. Street Address Principal Business Office 133 CARDINAL ROAD City CRAVSTON State R.I. Zip 02921-2803
4. Business Phone No. 401-434-8024 5. State of Incorporation RHODE ISLAND 6. SIC Code 3236

7. Brief Description of the Character of Business Conducted in Rhode Island
RETAIL LEMONADE SALES

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

President Name <u>JAMES Mc KIVERGAN</u>	Vice President Name <u>PAUL Mc KIVERGAN</u>
Street Address <u>133 CARDINAL ROAD</u>	Street Address <u>77 HEATH STREET</u>
City <u>CRAVSTON</u> State <u>R.I.</u> Zip <u>02921</u>	City <u>EA. PROV.</u> State <u>R.I.</u> Zip <u>02915</u>
Secretary Name <u>PAUL Mc KIVERGAN</u>	Treasurer Name <u>JAMES B. Mc KIVERGAN</u>
Street Address <u>77 HEATH STREET</u>	Street Address <u>133 CARDINAL ROAD</u>
City <u>EA. PROV.</u> State <u>R.I.</u> Zip <u>02915</u>	City <u>CRAVSTON</u> State <u>R.I.</u> Zip <u>02921</u>

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

Director Name <u>JAMES B. Mc KIVERGAN</u>	Director Name <u>PAUL Mc KIVERGAN</u>
Street Address <u>133 CARDINAL ROAD</u>	Street Address <u>77 HEATH STREET</u>
City <u>CRAVSTON</u> State <u>R.I.</u> Zip <u>02921</u>	City <u>EA. PROV.</u> State <u>R.I.</u> Zip <u>02915</u>
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
2000 NO PAR VALUE

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



* 1 0 4 5 1 8 *

FILED

File Date: FEB 05 2001

Check No.: By 601359

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.

James B. McKivergan - 1/18/01
Signature of Officer Date

JAMES B. McKivergan
Print or Type Name of Officer

PRESIDENT
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **104518** 2. Name of Corporation **East Bay Refreshments, Inc.**
3. Street Address Principal Business Office **133 CARDINAL DRIVE** City **CRANSTON** State **RI** Zip **02921**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3236**

7. Brief Description of the Character of Business Conducted in Rhode Island

Frozen beverage sales

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

President Name JAMES MCKIVERGAN Street Address 133 CARDINAL DRIVE City CRANSTON State RI Zip 02921 Secretary Name PAUL MCKIVERGAN Street Address SAME City SAME State RI Zip 02921	Vice President Name PAUL MCKIVERGAN Street Address 133 CARDINAL DRIVE City CRANSTON State RI Zip 02921 Treasurer Name JAMES MCKIVERGAN Street Address SAME City SAME State RI Zip 02921
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name JAMES MCKIVERGAN Street Address SAME City SAME State RI Zip 02921	Director Name PAUL MCKIVERGAN Street Address SAME City SAME State RI Zip 02921
--	---

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 Common NO PAR VAL

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



* 1 0 4 5 1 8 *

File Date: **FILED**

Check No.: **MAR 01 2000**

By: **8/20/2003**
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.

James McKivergan 02/15/00
Signature of Officer Date

JAMES MCKIVERGAN
Print or Type Name of Officer

PRESIDENT
Title of Officer