

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 PRINT	TED IN BLACK)				
1. Corporate ID No 104518	2. Name of Corporation East Bay Refresh	ments, Inc.			
3. Sirver Address Principal Hysiness Of 400 While RA		nuip	EAST POOV-	State RI	02914
1 Hustness Phone No. 34-8	3024	5. State of Incorporation RHODE ISLAND			6. SIC Oide 3236
SNACK FOODS.			ENLEMONADE AND OTHER LE		
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT)           FILL IN SPAC	CES BEFORE USING AT	TACHMENTS
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9. NAMES AND ADDRESSES  Director Name	OF THE DIRECTORS	5: ("X" BOX FOR ATT	ACHMENT)	ACES BEFORE USING	ATTACHMENTS
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City	State	Ζφ	City	State	Zíp
Director Name	<b></b>	· · · · · · · · · · · · · · · · · · ·	Director Name	•	•••••
Street Address			Street Address		·
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ( AUTHORIZED SHARES	"X" BOX FOR ATTA	CHMENT) 🗌	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHME	V7) [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE		-	2,000		No par Value
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This report must be s	igned in ink by eithe	r the President, Vice Pr	esident, Secretary, Assistant S	ecretary, Treasurer, Rec	civer or Trustee
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By:	SECRETARY OF STATE USE ONLY			

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contained herein are tr	ue and correct.		/ /
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Print or Tane Name of	Officer		
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Title of Officer	<del></del>		
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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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2004	
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Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No 2. Name of Corporation 104518 East Bay Refreshments, Inc. Craniton 3236 RHODE ISLAND Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF SELLING AND PREPARING FROZENLEMONADE AND OTHER LEMONADE PRODUCTS AND SNACK FOODS.

8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name THE DIRECTORS: ("X" BOX FOR ATTACHMEN FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Since Address City State Zip Director Name Director Name Street Address Street Address City State Zip City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Par Value Number of Shares ClassiSeries Par Value Number of Shares 2,000 NO PAR 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 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. FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## 2003 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_ Filing Period: January 1-March 1 • Filing Fee: \$50.00

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2. Name of Corpo	ration			
East Bay F	Refreshments, Inc.			
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14				6. SIC Code <b>3236</b>
<del>_</del>	l in Rhode Island	_		
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dinAL	ROAD	THE	CATH ST	
State	2ip 0292/	E Prov.	State RI	202915
ncKi	vergan	Trensurer Name  Street Address	1 McK	werg TAN
Jane M	Zip	City	PS) ME	210
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.10	<i>)</i>	Street Address	011	
State	Zip	City #	SOLLE	Zip
		Director Name		
		Street Address		
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D ("X" BOX FOR AT	TTACHMENT)		(*X* BOX FOR ATTACHMEN	т) .
Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
		2,000		NO PAR VALO
	2. Name of Corpo  East Bay F  Of Husiness Conducted  OF Husiness Conducted  OF State  State  State  OF CX* BOX FOR AT	East Bay Refreshments, Inc.  Office INAL ROAD  S. State of Incorporation RHODE ISLAN Of Business Conducted in Rhode Island FOZEN LEMONADE SES OF THE OFFICERS ("X" BOX FOR ATTACK  State Zip  State Zip  State Zip  State Zip  State Zip  State Zip	East Bay Refreshments, Inc.	East Bay Refreshments, Inc.  Office  O

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 *	Under penalty of perjury, l this report, including any a
File Date:3.	21.03	that all statements contains
Check No.:	1678	skfalure of Officer  AME
By:	TATE USE ONLY	Title of Officer
		Title of Officer

declare and affirm that I have examined accompanying schedules and statements, and ed herein are true and correct.

Form 630 12/02

104518

3. Street Address Principal Business Office

Edward S. Inman, III, Secretary of State Corporations Division

100 North Main Street, Providence, RI 02903-1335

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

5 State of Incorporation **RHODE ISLAND** 

East Bay Refreshments, Inc.

401-222-3040

Filing Period: January 1-March 1 • Filing Fec: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate 1D No. 2. Name of Corporation



8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name 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 City City Zip Director Name Director Name Street Address Street Address City State 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 Far Value Par Value 2 000 NOTAR 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

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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.

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Office of the Secretary of State

• •						2004
PROFIT	CORPORATION	ANNUAL REPORT	FOR	THE	YEAR	2001
	l: January 1-March 1 •				. ~	



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 104518 2. Name of Corporation East Bay Refreshments, Inc. カロベイ ("X" BOX FOR ATTACHMENT) Street Address Street Address City State Zip City State Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

2,000 NO PAR VALUE

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

ESCUED SHARES

Number of Shares

2000

Class/Series

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



File Date:

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

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Alguature of Officer	B	Mc Kupash

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT COR Filling Period: Janua			EPORT FOR TH	E YEAR <u>200</u>	O PILASI REAL INSTRUCTION
(FORM MUST BE TYPED IN B 1. Corporate ID No. 104518	2. Name of Corpor	ation Refreshments, I	nc.		
3. Street Address Principal Busine	_	•	City	State	Zip
133 CARDINAL I.	DRIVE	5. State of Incorporation RHODE ISLA		RI	02921 6. SIC Code 3236
2. Brief Description of the Character Erozen beverage		in Rhode Island			
8. NAMES AND ADDRI President Name  JAMES MCKIVERO Street Address	GAN	FICERS ("X" BOX FOR ATT	TACHMENT) FILL IN SPACE  Vice President Name  PAUL MCKIVER  Street Address  133 CARDINAL		CHMENTS
133 CARDINAL I City  CRANSTON Secretary Name PAUL MCKIVERG	Stote RI	02 <u>9</u> 21	CITY CRANSTON Treasurer Name JAMES MCKIVE	State RI	02921
Street Address	· <del>- ·</del>		Stieet Addiess SAME		
City SAME  9. NAMES AND ADDR	State ESSES OF THE DIF	ZIP RECTORS ("X" BOX FOR A	Gliy ATTACHMENT) FILL IN SPAC	State CES BEFORE USING ATT	Zip FACHMENTS
JAMES MCKIVER Street Address SAME City	GAN State	Zip	Director Name PAUL MCKIVER Street Address SAME City	GAN State	Zip
Director Name			Director Name	3.51.	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ZED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	IT)
Number of Shares	Class/Series	Par Value	Number of Sliares	Class/Serles	Par Value

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By:	RY 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

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NO PAR VAL

that all statements contained herein are true and correct.

JAMES MCKIVERGAN
Print or Type Name of Officer

PRESIDENT

200

Title of Officer