

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 II                                | N BLACK)                               |                         |  | ·····  | ······································ |  |  |
|--|--|-------------------------|--|--|--|--|--|
| I. Carparate ID No.<br>117919                        | 2. Name of Carp<br>S&C ICE C           | cretion<br>CREAM, INC.  |  |  | . —                                    |  |  |
| 3. Street Address Principal Bu                       | <u>`</u>                               |                         | City                                       | State  | 71-                                    |  |  |
| 20 JESSICA LANE                                      | Minest Office                          |                         | . WAKEFIELD                                | RI   | Zip                                    |  |  |
| 6. Business Phone No.                                | · <del></del>                          | 5. State of Incorpora   | 1  | K1   | 02879-                                 |  |  |
| . Distinct Frome No.                                 |  | RHODE ISLAI             |  |  | 6. SIC Code<br>3236                    |  |  |
| · Walk Williams and Art and Art                      |  | '                       |  |  | 3236                                   |  |  |
| 7. Brief Description of the Ch<br>TO OWN AND OPERATE |  |                         |  |  |  |  |  |
| 8. NAMES AND ADDRE                                   | ESSES OF THE O                         | FFICERS ("X" BOX FOR.   | ATTACHMENT)   FILL IN SP.                  | ACES BEFORE USING AT   | TACHMENTS                              |  |  |
| STEPHEN BROPHY                                       |  |                         | · CHRISTINA BROPHY                         |  |  |  |  |
| Street Address                                       |  |                         | Street Address                             |  |  |  |  |
| 20 JESSICA LANE                                      |  |                         | . 20 JESSICA LANE                          |  |  |  |  |
| City   | State                                  | 7.ίφ                    | City                                       | State  | Zip                                    |  |  |
| WAKEFIELD  | RI                                     | 02879                   | . WAKEFIELD                                | l RI   | 02879                                  |  |  |
| ecretary Name  |  |                         | Treasurer Name                             |  |  |  |  |
| CHRISTINA BROPHY                                     |  |                         | STEPHEN BROPHY                             |  |  |  |  |
| Street Address                                       |  | <del></del>             | * Street Address                           |  |  |  |  |
| 20 JESSICA LANE                                      |  |                         | .20 JESSICA LANE                           |  |  |  |  |
| City   | State                                  | Zφ                      | City                                       | State  | Zip                                    |  |  |
| WAKEFIELD  | RI                                     | 02879                   | WAKEFIELD                                  | :RI  | 02879                                  |  |  |
|  | SSES OF THE DI                         | RECTORS ("X" BOX FO     | RATTACHMENT)   FILL IN                     | _ :  |  |  |  |
| Director Name  |  |                         | Director Name                              |  |  |  |  |
| STEPHEN BROPHY                                       |  |                         | CHRISTINA BROPHY                           |  |  |  |  |
| Street Address                                       |  |                         | Street Address                             |  |  |  |  |
| 20 JESSICA LANE                                      |  |                         | 20 JESSICA LANE                            |  |  |  |  |
| City   | State                                  | 7.ip                    | City                                       | State  | Zip                                    |  |  |
| WAKEFIELD  | RI                                     | 02879                   | WAKEPIELD                                  | RI   | 02879                                  |  |  |
| Director Name  |  |                         | · Director Name                            |  |  |  |  |
| Street Address                                       | <del></del>                            | <del></del>             | Street Address                             |  |  |  |  |
| City   | State                                  | Zip                     | City                                       | State  | Zip                                    |  |  |
| 10. SHARES AUTHORI                                   | i Pro granda Fo                        | P ATTACHARDO []         | 11 CITA DEC ICCUED AC                      | (  |  |  |  |
| AUTHORIZED SHARES                                    | ZED ["A" BOX FO                        | KALIACHRENI) [          | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) |  |  |  |  |
| Number of Shares                                     | Class/Series                           | Par Value               | Number of Shares                           | Class/Scries   | Par Value                              |  |  |
| <del></del>  |  |                         |  |  |  |  |  |
| 4,000 NO PAR VALU                                    | E<br>—···                              |                         | 200 SHARES                                 | СОММОИ   | NO PAR                                 |  |  |
|  |  |                         |  |  |  |  |  |
| his report must be sig                               | ned in ink by eit                      | her the President, Vice | President, Secretary, Assis                | stant Secretary, Treas   | urer, Receiver or Trus                 |  |  |
|  |  |                         |  | -  |  |  |  |
| El mest iren il                                      | ARIY ISINI HAIA INI                    |                         |  |  |  |  |  |
|  | 48   1   1   1   1   1   1   1   1   1 |                         |  |  |  |  |  |
| an itan itan i                                       | TOIN TRION TIBING TOI                  |                         |  |  |  |  |  |
| 1 1 /  | ' y 1 y                                |                         |  | rjury, I declare and affirm                                    |  |  |  |
|  |  |                         |  | gany accompanying sche   |  |  |  |
| *117919 DBC 01/1/05 12:12:25 PM* File Date 0 15 05   |  |                         | and that all statemen                      | and that all statements contained herein are true and correct. |  |  |  |
|  |  |                         | lett as = a                                |  |  |  |  |
| , Dure   | <del></del>                            | <del>-</del>            | Signature of Officer                       | + 1h-  | <u> </u>                               |  |  |
| Check No. 4(7)                                       |  |                         |  | `  | Date                                   |  |  |
| Victoria.  |  |                         | STEPHEN BROPHY                             |  |  |  |  |
| $B_{Y}$ $V$  |  | - 1                     | Print or Type Name of                      | <del></del>  |  |  |  |
| FOR SECRETARY OF STATE USE ONLY                      |  |                         | PRESIDENT                                  |  |  |  |  |
| TOR SECRETARY OF SIX                                 | IE NOE OUTA                            |                         | Tule of Officer                            |  | Form 630 12                            |  |  |



FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, Rt 02903-1335 401.222,3040

| ORM MUST BE TYPED IN BI              |                                     |  | •  |                     |                      |
|--------------------------------------|-------------------------------------|--|--|---------------------|----------------------|
| . Corporate ID No.<br>117919         | 2. Name of Corporation S&C ICE CREA |  | ·  | ·                   |                      |
| . Street Address Principal Busine    |                                     |  | City   | State               | Zip                  |
|                                      | 20 Jessica                          | Lane                                   | WAKEFIELD  | RI                  | 02879-               |
| Business Phone No.                   |                                     | 5. State of Incorporation RHODE ISLAND |  |                     | 6 SIC Code<br>3236   |
| Brief Description of the Chara       | ,                                   | d in Rhode Island                      |  |                     | 3236                 |
| . NAMES AND ADDRESS resident Name    | ES OF THE OFFICE                    | RS ("X" BOX FOR ATTA                   | CHMENT) TILL IN SPAC                                 | ES BEFORE USING A   | <b>TTACHMENTS</b>    |
| TEPHEN BROPHY                        |                                     |  | CHRISTINA BROPHY                                     |                     |                      |
| treel Address                        |                                     |  | Street Address                                       | 1 10                |                      |
| 20 Jessica                           | LANE                                |  | 20 Jessica   | LINE                |                      |
| ity                                  | State                               | Ζφ                                     | City   | State               | 7.ip                 |
| AKEFIELD                             | RI                                  | 02879                                  | WAKEFIELD  | RI                  | 02879                |
| cretary Name                         |                                     |  | Treasurer Name                                       |                     |                      |
| HRISTINA BROPHY                      |                                     | .=,=                                   | STEPHEN BROPHY                                       |                     | and the same and     |
| reel Address<br>20 Jessica A         | ANIZ _                              | _                                      | Street Address 20 Tess I CA                          | LANE                |                      |
| ity                                  | State                               | Zip                                    | City   | State               | Zip                  |
| AKEFIELD                             | RI                                  | 02879                                  | WAKEFIELD  | RI                  | 02879                |
| . NAMES AND ADDRESS irector Name     | ES OF THE DIRECT                    | ORS ("X" BOX FOR AT                    | TACHMENT)  FILL IN SPA<br>Director Name              | CES BEFORE USING    | ATTACUMENTS          |
| TEPHEN BROPHY                        |                                     |  | CHRISTINA BROPHY                                     |                     |                      |
| reet Address                         |                                     |  | Street Address                                       |                     |                      |
| 20 Jessica                           | LANE                                |  | 20 Jessica L   | ANR                 |                      |
| iny                                  | State                               | Zip                                    | City   | State               | Zip                  |
| AKEFIELD                             | RI                                  | 02879                                  | WAKEFIELD  | RI                  | 02879                |
| irector Name                         | * = • •                             |  | Director Name  |                     | • •                  |
| rret Address                         |                                     |  | Street Address                                       |                     |                      |
| ity                                  | State                               | Zip                                    | City   | State               | Zip                  |
| .0. SHARES AUTHORIZE                 | D פאר BOX FOR ATTA                  | ACRIMENT)                              | 11. SHARES ISSUED ("X" A                             | BOX FOR ATTACHMEN   | m 🛘                  |
| UTHORIZED SHARES<br>'umber of Shures | Class/Series                        | Par Value                              | ISSUED SHARES Number of Shares                       | Class/Series        | Par Value            |
| • =:=:                               |                                     | -                                      |  | • • •               |                      |
| ,000 NO PAR VALUE                    |                                     |  | 200 SHARES   | COMMON              | NO PAR               |
| his report must be si <b>gne</b>     | <b>d in ink</b> hy either th        | ne President, Vice Pre                 | sident, Secretary, Assista                           | nt Secretary, Treas | urer, Receiver or Tr |
|                                      |                                     |  |  |                     |                      |
| EI (IEU) (IU) (110) (110) (110)      | 40161 HBM (0)<br>9 1 9              |  | Under penalty of perjur                              |                     |                      |
| *******                              | 40.40.05.51**                       | 1                                      | this report, including ar<br>and that all statements |                     |                      |
| *117919 DBC 01/17/04                 | 12:12:25 PM*                        | ,                                      | / / / /  | 7                   |                      |
| File Date                            | ·26-04                              | Ί                                      | V D 7-1  |                     |                      |
|                                      | 28/1/2                              |  | Signature of Officer                                 |                     | Date                 |
|                                      |                                     |  |  |                     |                      |
| Check No.                            | <u> </u>                            |  | STEPHEN BI   | ROPHY               |                      |

**PRESIDENT** 

Form 630 12/01

Tule of Officer

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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No.

2. Name of Corporation

117919

S&C ICE CREAM, INC.

3. Street Address Principal Business Office

City

State

Zip

,257,WEATHERVANE ROAD

5. State of Incorporation

WAKEFIELD

RI <sub>6</sub> ,028,79

RHODE ISLAND

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

ICE CREAM SALES
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name

STEPHEN BROPHY

CHRISTINA BROPHY

STEPHEN BROPHY

257 WEATHERVANE ROAD

257 WEATHERVANE ROAD

Zip

WAKEFIELD

RI

02879 WAKEFIELD

RI

02879 ....

CHRISTINA BROPHY

,257 WEATHERVANE ROAD

257 WEATHERVANE ROAD

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

STEPHEN BROPHY

CHRISTINA BROPHY

257 WEATHERVANE ROAD

257 WEATHERVANE ROAD

WAKEFIELD

RI

02879

WAKEFIELD

02879

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Street Address

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

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

4,000 NO PAR VALUE

COMMON

NO PAR VALUE

200 SHARES

**COMMON** 

NO PAR

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





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.

STEPHEN BROPHY, PRESIDENT

Print or Type Name of Officer

Title of Officer <>> 5

Farm 630 12/02

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

| 1 | ORM | MUST | ΒE | TYPED | IN | BLACK) |  |
|---|-----|------|----|-------|----|--------|--|
|   |     |      |    |       |    |        |  |

1. Corporate II) No.

2. Name of Corporation

117919

S&C ICE CREAM, INC.

3. Street Address Principal Business Office

City

State

257 WEATHERVANE ROAD

5. State of Incorporation

**RHODE ISLAND** 

WAKEFIELD

02879 RI6. SIC Code

3236

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

3236

ICE CREAM SALES
8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Vice President Name

STEPHEN BROPHY

CHRISTINA BROPHY

257 WEATHERVANE ROAD

Zip

WAKEFIELD

RI

02879

WAKEFIELD

RI

02879

CHRISTINA BROPHY
Street Address

257 WEATHERVANE ROAD

257 WEATHERVANE ROAD

Zip

Zip

257 WEATHERVANE ROAD

STEPHEN BROPHY

Zip

WAKEFIELD

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

02879

WAKEFIELD FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

STEPHEN BROPHY

257 WEATHERVANE ROAD

7.10

CHRISTINA BROPHY

Street Address

257 WEATHERVANE ROAD

210

WAKEFIELD

RJ.

02879...

WAKEFIELD Director Name

RI.

02879

Street Address

City

Number of Shares

State

Zip

State

Zip

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

AUTHORIZED SHARES

Class/Series

Por Volue

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

Par Value

4,000 NO PAR VALUE

COMMON

NO PAR VALUE

200 SHARES

Number of Shares

COMMON

Class/Series

NO PAR

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





FOR SECRETARY OF STATE USE ONLY

Under penalty of perfury. I declare and affirm that I have examined this report, ingludifig any accompanying schedules and statements, and that all state fien <del>herein a</del>re true and correct.

STEPHEN BROPHY, PRESIDENT Print or Type Name of Officer

Title of Officer **←>** 3

Form 630 12/01