



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. 117919		2. Name of Corporation S&C ICE CREAM, INC.			
3. Street Address Principal Business Office 20 JESSICA LANE		City WAKEFIELD	State RI	Zip 02879-	
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 TO OWN AND OPERATE AN ICE CREAM RESTAURANT					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEPHEN BROPHY		Vice President Name CHRISTINA BROPHY			
Street Address 20 JESSICA LANE		Street Address 20 JESSICA LANE			
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Secretary Name CHRISTINA BROPHY		Treasurer Name STEPHEN BROPHY			
Street Address 20 JESSICA LANE		Street Address 20 JESSICA LANE			
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name STEPHEN BROPHY		Director Name CHRISTINA BROPHY			
Street Address 20 JESSICA LANE		Street Address 20 JESSICA LANE			
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
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					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			200 SHARES	COMMON	NO PAR
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					

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



1 1 7 9 1 9

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  
STEPHEN BROPHY  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer

\*117919 DBC 01/10/05 12:12:25 PM\*

File Date 2/15/05

Check No. 4177

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



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401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 117919 2. Name of Corporation S&C ICE CREAM, INC.  
3. Street Address Principal Business Office 20 Jessica Lane City WAKEFIELD State RI Zip 02879-  
4. Business Phone No. 5. State of Incorporation RHODE ISLAND SIC Code 6 3236  
7. Brief Description of the Character of Business Conducted in Rhode Island  
TO OWN AND OPERATE AN ICE CREAM RESTAURANT

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

President Name STEPHEN BROPHY Vice President Name CHRISTINA BROPHY  
Street Address 20 Jessica Lane Street Address 20 Jessica Lane  
City WAKEFIELD State RI Zip 02879 City WAKEFIELD State RI Zip 02879

Secretary Name CHRISTINA BROPHY Treasurer Name STEPHEN BROPHY  
Street Address 20 Jessica Lane Street Address 20 Jessica Lane  
City WAKEFIELD State RI Zip 02879 City WAKEFIELD State RI Zip 02879

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

Director Name STEPHEN BROPHY Director Name CHRISTINA BROPHY  
Street Address 20 Jessica Lane Street Address 20 Jessica Lane  
City WAKEFIELD State RI Zip 02879 City WAKEFIELD State RI Zip 02879

Director Name \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
4,000 NO PAR VALUE

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

ISSUED SHARES  
Number of Shares Class/Series 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



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 \_\_\_\_\_

STEPHEN BROPHY

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 12/01

\*117919 DBC 01/17/04 12:12:25 PM\*

File Date 2-26-04

Check No. 3806

By: [Signature]

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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. 117919 2. Name of Corporation S&C ICE CREAM, INC.

3. Street Address Principal Business Office

City

State

Zip

257 WEATHERVANE ROAD

5. State of Incorporation

WAKEFIELD

RI

6. 02879

4. Business Phone No.

RHODE ISLAND

3236

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**

President Name

Vice President Name

STEPHEN BROPHY

CHRISTINA BROPHY

Street Address

Street Address

257 WEATHERVANE ROAD

257 WEATHERVANE ROAD

City State Zip

City State Zip

WAKEFIELD RI 02879

WAKEFIELD RI 02879

Secretary Name

Treasurer Name

CHRISTINA BROPHY

STEPHEN BROPHY

Street Address

Street Address

257 WEATHERVANE ROAD

257 WEATHERVANE ROAD

City State Zip

City State Zip

WAKEFIELD RI 02879

WAKEFIELD RI 02879

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

**FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Director Name

STEPHEN BROPHY

CHRISTINA BROPHY

Street Address

Street Address

257 WEATHERVANE ROAD

257 WEATHERVANE ROAD

City State Zip

City State Zip

WAKEFIELD RI 02879

WAKEFIELD RI 02879

Director Name

Director Name

Street Address

Street Address

City State Zip

City 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

Par Value

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



\* 1 1 7 9 1 9 \*

File Date: 2/20/03

Check No.: 3554

By: DA

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 1-15-03  
Signature of Officer Date

STEPHEN BROPHY, PRESIDENT

Print or Type Name of Officer

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. 117919 2. Name of Corporation S&C ICE CREAM, INC.

3. Street Address Principal Business Office 257 WEATHERVANE ROAD City WAKEFIELD State RI Zip 02879  
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

ICE CREAM SALES 3236

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

President Name STEPHEN BROPHY Vice President Name CHRISTINA BROPHY  
Street Address 257 WEATHERVANE ROAD Street Address 257 WEATHERVANE ROAD  
City WAKEFIELD State RI Zip 02879 City WAKEFIELD State RI Zip 02879  
Secretary Name CHRISTINA BROPHY Treasurer Name STEPHEN BROPHY

Street Address 257 WEATHERVANE ROAD Street Address 257 WEATHERVANE ROAD  
City WAKEFIELD State RI Zip 02879 City WAKEFIELD State RI Zip 02879

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

Director Name STEPHEN BROPHY Director Name CHRISTINA BROPHY  
Street Address 257 WEATHERVANE ROAD Street Address 257 WEATHERVANE ROAD  
City WAKEFIELD State RI Zip 02879 City WAKEFIELD State RI Zip 02879

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

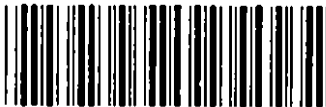
10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
4,000 NO PAR VALUE COMMON NO PAR VALUE

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

ISSUED SHARES  
Number of Shares Class/Series 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



\* 1 1 7 9 1 9 \*

File Date: 2/22/2002

Check No.: 3217

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] 1-14-02  
Signature of Officer Date  
STEPHEN BROPHY, PRESIDENT

Print or Type Name of Officer

Title of Officer

5

Form 630 12/01