

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

FORM MUST BE TYPED IN					
I. Corporate ID No. *101022*	2. Name of Corpo G & P Food	ration Services, Inc.			
3. Street Address Principal Bu	siness Office		City	State	Zip
606 RESERVOIR AV	ENUE		CRANSTON	RI	02910
. Business Phone No.		5. State of Incorpora	ition		6. SIC Code
(401)467-8210		RHODE ISLA	ND		3079
Brief Description of the Che	rracter of Business Cor	ducted in Rhode Island LCOHOLIC BEVERAGE	ES AND POOD, OPERATIN	IG AS A BAR AND RES	TAURANT.
			ATTACHMENT) FILL IN S		
Michael Giouras			Nestor Xhupi		
Street Address			Street Address		· · · · · · · · · · · · · · · · · · ·
100 Elena Street	, Apt. 718		22 Derbyshire	Drive	
Ciŋ·	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02921
ecretary Name	•		Treasurer Name		• • • • • •
Westor Xhupi			,Michael Gioura	S	
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·	
22 Derbyshire Dr.	ive		100 Elena Stre	et. Apt. 718	
City	State	Zip	Cin	State	Zip
Cranston	Siale RI	02921	. Cranston	RI	02920
			and the second s		والمواصدة المأادات والمني
9. NAMES AND ADDRE Director Name	92F2 OF LHE DIY	ECTORS ("X" BOX FO	DR ATTACHMENT) TILL IN Director Name	PLACES REPORE OSING	AT IACDMENTS
None			None		
street Address			Street Address		
- Ciry	State	Zip	City	State	7.ip
	ļ		•		
Director Name			Director Name	. · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •
None			` None		
Street Address			Street Address		
			•		
Ciry	State	Zip	Ciry	State	Zip
			•	•	
10. SHARES AUTHORI	ZED ("X" BOX FOR	ATTACHMENT) []	11. SHARES ISSUED (X" BOX FOR ATTACHMEN	·カロ
AUTHORIZED SHARES			ISSUED SHARES	· · ·	· · · · · · · · · · · · · · · · · · ·
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
· · · · · · · · · · · · · · · · · · ·					
1,000 COMM NO PAF	RVALUE		. 100	Common	No Par Val
······································		er the President, Vice	President, Secretary, Ass	istant Secretary, Treas	i.
1 188331 (/51) 8		•1			
			11do	odina 1 dodon od 45—	that I have avamined
* 1 0	1 0 2 2	1		erjury. I declare and affirm ng any accompanying sche	
		\neg		ents contained herein are tr	
101022 DBC1/17/03	9:47:34 AM		- / '^ ^	A 95	11/
File Date 2-7	-05	_	~ 1.00	V Lune	2/8/05
A A. I	<u> </u>	_	Signature of Officer	7	Date
Check No. 286	,		Michael Gi		
_		-	•		
B_{V_i}			Print or Type Name	oj Ojjicer	
		- 1	President		
FOR SECRETARY OF STAT	T 1100 0500		i i colucit		



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, III, Secretary of State Corporations Division 160 North Main Street, Providence, RI 02903-1335 401 222,3040

FORM MUST BE TYPE I. Corporate ID No *101022*	12. Name of Corp	oration d Services, Inc.				
3 Street Address Princip 606 RESERVOIR	al Business Office		City	State RI	<i>Zip</i> 02910	
Business Phone No.		5. State of Incorporat	ion		6. SIC Code	
(401)467-8210)	RHODE ISLAN	ID		. 3079	
	ne Character of Business Co		S AND FOOD, OPERATIN	IG AS A BAR AND RES	STAURANT.	
President Name		FICERS ("X" BOX FOR A	ATTACHMENT) FILL IN S	PACES BEFORE USING A	TTACHMENTS	
Michael Gioura	as 		Nestor Xhupi Street Address			
Street Address	eet Ant 718		· 22 Derbyshire	Drive		
100 Elena Stro	State	Zφ	City	State	Zip	
Cuy Cranston	'RI	02920	· Cranston	RI	02921	
Secretary Name	• • • • • • • • • • • • • • • • • • • •		Treasurer Name	• • • • • • • • • • • •	, , , , , , , , , , , , , , , , , , , ,	
Nestor Xhupi			Michael Gioura	S		
Street Address		······································	'Street Address			
22 Derbyshir	e Drive		.100 Elena Stre	et, Apt. 718		
City	State	; Zip	City	State	Zip	
Cranston	RI	02921	. Cranston	RI		
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	
AUTHORIZED SHARE		· · · · · · · · · · · · · · · · · · ·	ISSUED SHARES	"X" BOX FOR ATTACHME		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	!Par Value	
1,000 COMM NO	PAR VALUE		100	Common	No Par Val.	
			1/2/201		<u> </u>	
This report must be	signed in ink hy oit	her the President Vice	President, Secretary, Ass	istant Secretary Treas	urer. Receiver or Trust	
ms report mast be	. signes in ink by En	ner me i residem, rice	resident, secretary, riss	usium secretury, rreus	ares, receives or irmor	
	1 0 1 0 2 2			erjury, I declare and affirm		
	- n.1 n.1		· ·	ng any accompanying sche		
404000 DDC4/4	7/039:47:34 AM		_	ents contained herein are tr	ue and correct.	
101022 0801/1	17000.77.077.117			of There	, ,	

Michael Giouras Print or Type Name of Officer President Form 630 12/01



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401,222.3040

Form 630 12/01

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

tiling Period: January i FORM MUST BE TYPED IN		rung ree: \$50.00					
I. Corporate ID No.	12. Name of Con	poration	······································				
101022		d Services, Inc.					
3. Street Address Principal Bu	isiness Office		City	State	Zip		
606 RESERVOIR AV	VENUE		CRANSTON	RI	02910		
1. Business Phone No.		5. State of Incorpora	ition		6. SIC Code		
(401)467-8210		RHODE ISLA	ND		3079		
Brief Description of the Ch	aracter of Business C	onducted in Rhode Island					
TO ENGAGE IN THE I	DISPENSING OF	ALCOHOLIC BEVERAG	ES AND POOD, OPERATIO	ng as a bar and res	TAURANT.		
R NAMES AND ADDRE	ESSES OF THE O	FFICERS ("X" BOX FOR	ATTACHMENT) FILL IN S	PACES BEFORE USING AT	TACHMENTS		
President Name	100110 01.11111	<u> </u>	Vice President Name				
Michael Giouras			Nestor Xhupi				
Street Address			Street Address				
100 Elena Street	., Apt. 718		.335 Woodbine S	Street			
City	State	Zip	Ciry	State	Zip		
Cranston	RI	02920	Cranston	RI	02910		
Secretary Name		• • • • • • • • • • •	Treasurer Name				
Nestor Xhupi			Michael Gioura	16	···		
Street Address			Street Address				
335 Woodbine Str	teet		.100 Elena Stre	et, Apt. 718			
Ciry	State	Zip	City	State	Zip		
Cranston	RI	02910	. Cranston	RI	02920		
9. NAMES AND ADDRI	ESSES OF THE D	IRECTORS ("X" BOX FO	OR ATTACHMENT) 🗌 FILL IN	SPACES BEFORE USING	ATTACHMENTS		
Director Name			Director Name				
None			None	None			
Street Address			· Street Address				
			•				
City	State	Zip	·City	State	Zip		
]		
Director Name			Director Name				
None			None				
Street Address			·Sireei Address				
					[*/r		
City	State	Zip	.City	State	Zip		
				<u> </u>			
10. SHARES AUTHOR	JZED ("X" BOX F	OR ATTACHMENT)		"X" BOX FOR ATTACHME	עיי עיי		
AUTHORIZED SHARES		Por l'alue	ISSUED SHARES Number of Shares	Class/Series	Par Yaluc		
Number of Shares	Class/Series	Por Value	rumber of shares	Classiscries	Ta: Taibe		
1,000 COMM NO PAI	R VALUE		100	Common	No Par Val.		
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		 	1		<u> </u>		
This report must be sig	zn <mark>ed in ink</mark> by ei	ither the President, Vic	e President, Secretary, As	sistant Secretary, Treas	urer, Receiver or Trust		
	8010 1 811 82 83 10 10 10 		Linder nonalny of	perjury, I declare and affirm	that I have examined		
* 1	0 1 0 2 2	*		ing any accompanying sche			
				ing any accompanying sens ients contained herein are tr			
101022 DBC1/17/0	39;47:34 AM		A A '	1 1/2	1 1		
File Date 2	U/10/23		MILA	de lune	2/6/03		
	70100		Signature of Officer	77	Date		
Check No.	<i>2292</i>		Michael G	iouras			
	$\dot{\phi}$		Print or Type Name				
By:	_Sh		President				
FOR SECRETARY OF STA	TE USE ONLY		Tile of Officer	·	Form 630 12		



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 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPE	D IN BLACK)				
1. Corporate ID No. 101022	2. Name of Corporal G & P	Food Services, Inc.			
3. Street Address Principa 606 Reservoir			Cranston	State RI	^{zip} 02910
4. Business Phane No.		5. State of Incorporation RHODE	TCT AND		6. SIC Code 3079
(401) 46 7. Brief Description of the	7–8210 • Character of Business Conducted in	·			
Operatin 8. NAMES AND A President Name	g as a restaurant and DDRESSES OF THE OFFI	ber CERS (*X* BOX FOR ATTA	CHMENT) • FILL IN SPACES Vice President Name Nestor Xhu		CHMENTS
Michael (Giouras		Street Address	μL	
	Street, Apt. 718		335 Woodbi	ne Street	•
city Cranston	State RI	^{Zip} 02920	city Cranston	State RI	^{Zip} 02910
Secretary Name Nestor XI	nupi		Treasurer Nume Michael Gi	ouras	
Street Address 335 Wood	bine Street		Street Address 100 Elena	Street, Apt. 718	
Cranston	State RI	^{ztp} 02910	cny Cranston	State RI	^{7.1} p 02920
9. NAMES AND A Director Name None Street Address	DDRESSES OF THE DIRE	ECTORS (*X* BOX FOR AT	TACHMENT) : FILL IN SPAC Director Name None Street Address	CES BEFORE USING ATT	ACHMENTS
City	State	Zip	City	State	Zip
City	Jidie	2.19	 ,	3.2.1	27
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip :
10. SHARES AUTH	HORIZED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	π) (
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM	NO PAR VALUE		100	Саптоп	No Par Value
This report must	be s igned in ink by cith	ner the President, Vice	e President, Secretary, As	sistant Secretary, Treas	urer, Receiver or Trustee
			Under penalty of p	perjury, I declare and affir	m that I have examined
					redules and statements, and

File Date: _ 2003 Check No.: _ FOR SECRETARY OF STATE USE ONLY

that all statements contained herein are true and correct.

Michel Asion	15/02
Signature of Officer	Dule

Michael Giouras

Print or Type Name of Officer

President

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

State

RI

Cranston

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

5. State of Incorporation

RHODE ISLAND

STOP PLEASE RIAIL

02910

6. SIC Code

3079

elling reriou: junuary 1-march 1	•	Filing Fee: \$30.00
(FORM MUST BE TYPED IN BLACK)		

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

2. Name of Corporation

G & P Food Services, Inc.

1. Corporate ID No.

4. Business Phone No.

Check No.:

FOR SECRETARY OF STATE USE ONLY

101022
3. Suges Address Principal Business Office
600 Reservoir Avenue

(401) 467-8210

1	* 1	0 1 0 2	2 *		• • • •	ury, I declare and affirm any accompanying sche		
Γhis r	eport must be signe	d in ink by eitl	ner the President, Vico	President,	Secretary, Assis	tant Secretary, Treasu	rer, Receiver or î	Trustee
1,	000 COMM NO PAI	RVALUE			100	Соппол	No Par	Value
Number	of Shares	Class/Series	Par Value	Number o	f Shares	Class/Series	Par Value	
	HARES AUTHORIZED	(*X* BOX FOR ATT	ACHMENT)	11. SH		* BOX FOR ATTACHMENT)	,	
City		State	Zip	City		State	Zip	
Street A	ddress			Street Add				
	None				None			
Director	Name			Director 1	Same	•		
City		State	Zip	City		State	Zip	
Street A	ddress			Street Add	tress			
	None				None			
9. NA Director		ES OF THE DIRE	ECTORS (*X* BOX FOR AT	TACHMENT) Director I		BEFORE USING ATTA	CHMENTS	
	Worcester	MA	01603		Cranston	RI	02920	
City	44 Stafford Street	State	Zip	City	100 Elena Sti	eet, Apt. 718	Zip	
Street A				Street Add				
	Nestor Xhupi				Michael Giour	as		
Secretar	v Name			Treasurer	Name			,
,	Cranston	RI	02920	,	Worcester	MA	01603	
City	100 Elena Street,	Apt. 718	Zip	City	44 Stafford S	Street.	Zip	
Street A				Street Add	fress			
	Michael Giouras				Nestor Xhupi			
Presiden					dent Name			
R NA	Operating as a re		ær CERS (*x* box for attal	CHMENT)	FILL IN SPACES R	EFORE USING ATTACE	IMENTS	
	^							

Michael Giouras
Print or Type Name of Officer

President

Title of Officer

Enna 480 1200

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)



I. Corporate ID No.	2. Name of Corporat	tion			
101022 3. Street Address Principal Business C		ood Services, Inc	City	State	Zip
606 Reservoir Av	enue		Cranston	RI	02910
4. Business Phone No.		S. State of Incorporation			6. SIC Code
(401) 467-8210		Rhode Islan	d		3079
7. Brief Description of the Character	of Business Conducted i	n Rhode Island			
Operating as a r					
8. NAMES AND ADDRESS	ES OF THE OFFI	CERS ("X" BOX FOR ATTAC	CHMENT) Vice President Name		
President Name			Nestor Xhupi		
Michael Giouras Sireet Address			Street Address		
100 Elena Street	Ant 718		44 Stafford St	reet	
City	State	ZIp	City	State	Zip
Cranston	RI	02920	Worcester	MA	01603
Secretary Name	N.L	02,20	Treasurer Name		51555
Nestor Xhupi			Michael Gioura		
Street Address			Street Address	15	
44 Stafford Stre	et		100 Elena Stre	eet Ant 718	
City	State	Zip	City City	State 7 10	ZIp
Worcester	MA	01603	Cranston	RI	02920
9. NAMES AND ADDRESS	ES OF THE DIR	ECTORS ("X" BOX FOR AT			
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI	D (*x* box for att	FACHMENT)	11. SHARES ISSUED ("X	* BOX FOR ATTACHMEN	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	Common	No Par Value	100	Common	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:	1/024/00	
Check No.:	1454	
By:	GAA	
	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 that all statements contained herein are true and correct.

Signature of Officer Michael Giouras

Print or Type Name of Officer

President

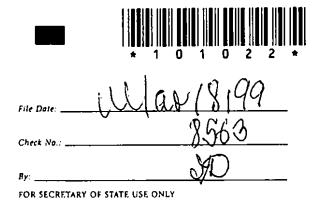


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No.	2. Name of Corpora		,	-	
101022	G & P Food	i Services, inc.			
3. Street Address Principal Business	Office		City	State	Zip
606 Reservoir	Avenue		Cranston	RI	02910
4. Business Phone No.	- 10	5. State of Incorporation			6. SIC Code
401 467-82	210	RHODE ISLAND			3079
7. Brief Description of the Character Operating as a	of Business Conducted restaurant a	in Rhode Island nd bar			
8. NAMES AND ADDRESS	SES OF THE OFF	ICERS ("X" BOX FOR ATTACHN	MENT) FILL IN SPACES BE	FORE USING ATTAC	CHMENTS
President Name,			Vice President Name		
Branko Pishev			Michael Giouras		
Street Address			Street Address		
55 Meriam Stree	t		126 Belmont Str	eet	 .
City	State	Zip 00170	City	State	Zip 00170
Lexington	MA	02173	Watertown	MA .	02172
Secretary Name			Treasurer Name		
' Branko Pishev			Michael Giouras		
Street Address			Street Address		
55 Meriam Stree	t		126 Belmont Str		·
City	State	Zip	City	State MA	zip 02172
Lexington	MA	02173	Watertown		
9. NAMES AND ADDRES Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATT	ACHMENIS ,
None			None		
Street Address			Street Address		
					**
City	State	ZIp	City	State	Zip
Director Name			Director Name	•••	
None			None		<u>.</u> .
Street Address			Street Address		
City	State	Zip	City	State	7.1p
,		•			
10. SHARES AUTHORIZE	D ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMEN	T)
AUTHORIZED SHARES			ISSUITO SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PA	R VALUE		100	Common	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 hereinfare true and correct. Signature of Officer Branko Pishev

Print or Type Name of Officer

President