



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 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *101022* 2. Name of Corporation G & P Food Services, Inc.
3. Street Address Principal Business Office City State Zip
606 RESERVOIR AVENUE CRANSTON RI 02910
4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 467-8210 RHODE ISLAND 3079

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE DISPENSING OF ALCOHOLIC BEVERAGES AND FOOD, OPERATING AS A BAR AND RESTAURANT.

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

| | | | | | |
|--|-------------|--------------|--|-------------|--------------|
| President Name Michael Giouras | | | Vice President Name Nestor Xhupi | | |
| Street Address 100 Elena Street, Apt. 718 | | | Street Address 22 Derbyshire Drive | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02921 |
| Secretary Name Nestor Xhupi | | | Treasurer Name Michael Giouras | | |
| Street Address 22 Derbyshire Drive | | | Street Address 100 Elena Street, Apt. 718 | | |
| City Cranston | State RI | Zip 02921 | City Cranston | State RI | Zip 02920 |

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

| | | | | | |
|-----------------------|-------|-----|-----------------------|-------|-----|
| Director Name None | | | Director Name None | | |
| 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 |

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

| | | | | | |
|-------------------------|--------------|-----------|---|--------------|-------------|
| AUTHORIZED SHARES | | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| 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. |

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



* 1 0 1 0 2 2 *

101022 DBC11/17/039:47:34 AM
File Date 2-9-05
Check No. 2861
By: KG
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.

Michael Giouras 2/8/05
Signature of Officer Date
Michael Giouras
Print or Type Name of Officer
President
Title of Officer
Form 630 12/01



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 2004

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

(FORM MUST BE TYPED IN BLACK)

| | | | |
|---|---|---------------------|--------------|
| 1. Corporate ID No. *101022* | 2. Name of Corporation G & P Food Services, Inc. | | |
| 3. Street Address Principal Business Office 606 RESERVOIR AVENUE | City CRANSTON | State RI | Zip 02910 |
| 4. Business Phone No. (401) 467-8210 | 5. State of Incorporation RHODE ISLAND | 6. SIC Code 3079 | |

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE DISPENSING OF ALCOHOLIC BEVERAGES AND FOOD, OPERATING AS A BAR AND RESTAURANT.

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

| | |
|--|--|
| President Name Michael Giouras | Vice President Name Nestor Xhupi |
| Street Address 100 Elena Street, Apt. 718 | Street Address 22 Derbyshire Drive |
| City Cranston | City Cranston |
| State RI | State RI |
| Zip 02920 | Zip 02921 |
| Secretary Name Nestor Xhupi | Treasurer Name Michael Giouras |
| Street Address 22 Derbyshire Drive | Street Address 100 Elena Street, Apt. 718 |
| City Cranston | City Cranston |
| State RI | State RI |
| Zip 02921 | Zip 02921 |

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

| | |
|-----------------------|-----------------------|
| Director Name None | Director Name None |
| Street Address | Street Address |
| City | City |
| State | State |
| Zip | Zip |
| Director Name None | Director Name None |
| Street Address | Street Address |
| City | City |
| State | State |
| Zip | Zip |

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

| AUTHORIZED SHARES | | | ISSUED SHARES | | |
|-------------------------|--------------|-----------|------------------|--------------|-------------|
| 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. |

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

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



* 1 0 1 0 2 2 *

101022 DBC1/17/03947:34 AM

File Date JAN 05 2004

Check No. 2534 CASH

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.

Signature of Officer Michael Giouras Date 12/15/2003
Michael Giouras
Print or Type Name of Officer
President
Title of Officer

Form 630 12/01



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 IN BLACK)

| | | | | | |
|--|--------------|---|--|--------------|---------------------|
| 1. Corporate ID No. *101022* | | 2. Name of Corporation G & P Food Services, Inc. | | | |
| 3. Street Address Principal Business Office 606 RESERVOIR AVENUE | | City CRANSTON | State RI | Zip 02910 | |
| 4. Business Phone No. (401) 467-8210 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 3079 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE DISPENSING OF ALCOHOLIC BEVERAGES AND FOOD, OPERATING AS A BAR AND RESTAURANT. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Michael Giouras | | | Vice President Name Nestor Khupi | | |
| Street Address 100 Elena Street, Apt. 718 | | | Street Address 335 Woodbine Street | | |
| City Cranston | State RI | Zip 02920 | City Cranston | State RI | Zip 02910 |
| Secretary Name Nestor Khupi | | | Treasurer Name Michael Giouras | | |
| Street Address 335 Woodbine Street | | | Street Address 100 Elena Street, Apt. 718 | | |
| City Cranston | State RI | Zip 02910 | City Cranston | State RI | Zip 02920 |
| 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 None | | |
| 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 |
| 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 |
| 1,000 COMM NO PAR VALUE | | | 100 | 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 1 0 2 2 *

101022 DBC1/17/039:47:34 AM

File Date 2/10/03

Check No. 2292

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 of Officer [Signature] Date 2/6/03
Michael Giouras
Print or Type Name of Officer
President
Title of Officer

Form 630 12/01



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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 101022 2. Name of Corporation G & P Food Services, Inc.

3. Street Address Principal Business Office 606 Reservoir Avenue City Cranston State RI Zip 02910

4. Business Phone No. (401) 467-8210 5. State of Incorporation RHODE ISLAND 6. SIC Code 3079

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

Operating as a restaurant and bar

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

| | |
|---|---|
| President Name Michael Giouras Street Address 100 Elena Street, Apt. 718 City Cranston State RI Zip 02920 | Vice President Name Nestor Xhupi Street Address 335 Woodbine Street City Cranston State RI Zip 02910 |
| Secretary Name Nestor Xhupi Street Address 335 Woodbine Street City Cranston State RI Zip 02910 | Treasurer Name Michael Giouras Street Address 100 Elena Street, Apt. 718 City Cranston State RI Zip 02920 |

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

| | |
|---|---|
| Director Name None Street Address City State Zip | Director Name None Street Address City State Zip |
| Director Name None Street Address City State Zip | Director Name None Street Address City State Zip |

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

| AUTHORIZED SHARES | Class/Series | Par Value |
|-------------------------|--------------|-----------|
| Number of Shares | | |
| 1,000 COMM NO PAR VALUE | | |

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

| ISSUED SHARES | Class/Series | Par Value |
|------------------|--------------|--------------|
| Number of Shares | | |
| 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: 2-7-02

Check No.: 2003

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 Michael Giouras Date 2/5/02

Print or Type Name of Officer Michael Giouras

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. **101022** 2. Name of Corporation **G & P Food Services, Inc.**
3. Street Address Principal Business Office **606 Reservoir Avenue** City **Cranston** State **RI** Zip **02910**
4. Business Phone No. **(401) 467-8210** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

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

Operating as a restaurant and bar

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

| | |
|--|--|
| President Name Michael Giouras | Vice President Name Nestor Khupi |
| Street Address 100 Elena Street, Apt. 718 | Street Address 44 Stafford Street |
| City Cranston State RI Zip 02920 | City Worcester State MA Zip 01603 |
| Secretary Name Nestor Khupi | Treasurer Name Michael Giouras |
| Street Address 44 Stafford Street | Street Address 100 Elena Street, Apt. 718 |
| City Worcester State MA Zip 01603 | City Cranston State RI Zip 02920 |

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

| | |
|------------------------------|------------------------------|
| Director Name None | Director Name None |
| Street Address | Street Address |
| City | City |
| State | State |
| Zip | Zip |
| Director Name None | Director Name None |
| 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 |
|--------------------------------|--------------|-----------|
| 1,000 COMM NO PAR VALUE | | |

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

ISSUED SHARES

| Number of Shares | Class/Series | 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



* 1 0 1 0 2 2 *

File Date: 2/12/2001

Check No.: 1735

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 of Officer Michael Giouras Date 2/7/2001

Print or Type Name of Officer Michael Giouras

Title 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
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 101022 2. Name of Corporation G & P Food Services, Inc.
3. Street Address Principal Business Office City State Zip
606 Reservoir Avenue Cranston RI 02910
4. Business Phone No. (401) 467-8210 5. State of Incorporation Rhode Island 6. SIC Code 3079

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

Operating as a restaurant and bar

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

| President Name | Vice President Name |
|----------------------------|----------------------------|
| Michael Giouras | Nestor Xhupi |
| Street Address | Street Address |
| 100 Elena Street, Apt. 718 | 44 Stafford Street |
| City State Zip | City State Zip |
| Cranston RI 02920 | Worcester MA 01603 |
| Secretary Name | Treasurer Name |
| Nestor Xhupi | Michael Giouras |
| Street Address | Street Address |
| 44 Stafford Street | 100 Elena Street, Apt. 718 |
| City State Zip | City State Zip |
| Worcester MA 01603 | Cranston RI 02920 |

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

| 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 AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

| Number of Shares | Class/Series | Par Value |
|------------------|--------------|--------------|
| 1,000 | Common | No Par Value |

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

ISSUED SHARES

| Number of Shares | Class/Series | 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: 1/24/00

Check No.: 1454

By: GAB

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

Date

Michael Giouras

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 **1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **101022** 2. Name of Corporation **G & P Food Services, Inc.**

3. Street Address Principal Business Office

606 Reservoir Avenue

4. Business Phone No.

401 467-8210

5. State of Incorporation

RHODE ISLAND

City

Cranston

State

RI

Zip

02910

6. SIC Code

3079

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

Operating as a restaurant and bar

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

President Name

Branko Pishev

Street Address

55 Meriam Street

City

Lexington

State

MA

Zip

02173

Secretary Name

Branko Pishev

Street Address

55 Meriam Street

City

Lexington

State

MA

Zip

02173

Vice President Name

Michael Giouras

Street Address

126 Belmont Street

City

Watertown

State

MA

Zip

02172

Treasurer Name

Michael Giouras

Street Address

126 Belmont Street

City

Watertown

State

MA

Zip

02172

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

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

Director Name

None

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

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: 11/18/99

Check No.: 8563

By: JD

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

Branko Pishev

Print or Type Name of Officer

President

Title of Officer

Date

2/8/99