



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

| | | | | |
|--|---------------|---|---|-----------------------|
| 1. Corporation ID No. 96425 | | 2. Name of Corporation Bluebird Cafe, Inc. | | |
| 3. Street Address Principal Business Office 554 Kingstown Rd | | | City Wakefield | State Rhode Island |
| 4. Business Phone No. (401) 792-8440 | | 5. State of Incorporation RHODE ISLAND | | 6. SIC Code 3079 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island THE GENERAL RESTAURANT AND VICTUALLING BUSINESS. | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | |
| President Name Robert B. Shumaker | | | Vice President Name Robert B. Shumaker | |
| Street Address 44 Oakdell St. | | | Street Address 44 Oakdell St. | |
| City Providence | State R.I. | Zip 02879 | City Providence | State R.I. |
| Secretary Name Robert B. Shumaker | | | Treasurer Name Robert B. Shumaker | |
| Street Address 44 Oakdell St. | | | Street Address 44 Oakdell St. | |
| City Providence | State R.I. | Zip 02879 | City Providence | State R.I. |
| 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 |
| Director Name | | | Director Name | |
| Street Address | | | Street Address | |
| City | State | Zip | City | State |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | |
| Number of Shares | Class Series | Par Value | Number of Shares | Class Series |
| 750 NO PAR VALUE | | | None | |
| 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 |
| | | | | |

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



File Date 2-11-05
Check No. 4363
By: KB
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.

Robert B. Shumaker 2/10/05
Signature of Officer Date
Robert B. Shumaker
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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| | | | | | |
|--|--------------------|--|---|--------------------|----------------------------|
| 1. Corporate ID No. 96425 | | 2. Name of Corporation Bluebird Cafe, Inc. | | | |
| 3. Street Address Principal Business Office 554 Kingstown Rd. | | | City Wetafield | State RI | Zip 02879 |
| 4. Business Phone No. 401-782-8440 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 3079 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island THE GENERAL RESTAURANT AND VICTUALLING BUSINESS. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Robert B. Shumaker | | | Vice President Name Robert B. Shumaker | | |
| Street Address 44 Oakdell St. | | | Street Address 44 Oakdell St. | | |
| City Pease Lake | State RI | Zip 02879 | City Pease Lake | State RI | Zip 02879 |
| Secretary Name Robert B. Shumaker | | | Treasurer Name Robert B. Shumaker | | |
| Street Address 44 Oakdell St. | | | Street Address 44 Oakdell St. | | |
| City Pease Lake | State RI | Zip 02879 | City Pease Lake | 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 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 |
| 750 NO PAR VALUE | | | None | | |

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



* 9 6 4 2 5 *

File Date 1-22-04
Check No. 3784
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 hereon are true and correct.

Signature of Officer [Signature] Date 1/22/04
Print or Type Name of Officer Robert B. Shumaker
Title of Officer President



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. **96425**
2. Name of Corporation **Bluebird Cafe, Inc.**
3. Street Address Principal Business Office
554 Kingstown Rd.
4. Business Phone No. **(401) 792-8940**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Restaurant / Full Service

City **Waketield** State **RI** Zip **02879**
6. SIC Code **3079**

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

President Name **Robert B. Shumaker**
Street Address **44 Oakdell St.**
City **Peace Dale** State **RI** Zip **02879**

Vice President Name **Robert B. Shumaker**
Street Address **44 Oakdell St.**
City **Peace Dale** State **RI** Zip **02879**

Secretary Name **Robert B. Shumaker**
Street Address **44 Oakdell St.**
City **Peace Dale** State **RI** Zip **02879**

Treasurer Name **Robert B. Shumaker**
Street Address **44 Oakdell St.**
City **Peace Dale** State **RI** Zip **02879**

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

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

| AUTHORIZED SHARES | Class/Series | Par Value |
|-------------------|--------------|-----------|
| 750 NO PAR VALUE | | |

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

| ISSUED SHARES | Class/Series | Par Value |
|---------------|--------------|-----------|
| None | | |

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



File Date: **1-16-03**
Check No.: **3138**
By: **UP**

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 **Robert B. Shumaker** Date **1/15/03**
Print or Type Name of Officer **Robert B. Shumaker**
Title of Officer **President**



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. **96425** 2. Name of Corporation **Bluebird Cafe, Inc.**
3. Street Address Principal Business Office **554 Kingstown Rd.** City **Wakefield** State **R.I.** Zip **02879**
4. Business Phone No. **401-792-8940** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**
7. Brief Description of the Character of Business Conducted in Rhode Island
Restaurant

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

| | |
|---|---|
| President Name Robert B. Shumaker | Vice President Name Robert B. Shumaker |
| Street Address 44 Oakdell St. | Street Address 44 Oakdell St. |
| City Peace Dale State R.I. Zip 02879 | City Peace Dale State R.I. Zip 02879 |
| Secretary Name Robert B. Shumaker | Treasurer Name Robert B. Shumaker |
| Street Address 44 Oakdell St. | Street Address 44 Oakdell St. |
| City Peace Dale State R.I. Zip 02879 | City Peace Dale State R.I. Zip 02879 |

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 none | Street Address none |
| City none State none Zip none | City none State none Zip none |
| Director Name none | Director Name none |
| Street Address none | Street Address none |
| City none State none Zip none | City none State none Zip none |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares Class/Series Par Value
750 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
None

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



File Date: 2-22-02
Check No.: 2513
By: [Signature]

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: 2/12/02
Robert B. Shumaker
Print or Type Name of Officer
President
Title of Officer



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. **96425**
2. Name of Corporation **Bluebird Cafe, Inc.**
3. Street Address Principal Business Office
554 Kingstown Rd.
4. Business Phone No. **(401) 732-8940**
5. State of Incorporation **RHODE ISLAND**

City **Wakefield** State **RI** Zip **02879**
6. SIC Code **3079**

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

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

President Name **Robert B. Shumaker**
Street Address **35 Brown St.**
City **Wakefield** State **RI** Zip **02879**

Vice President Name **Robert B. Shumaker**
Street Address **35 Brown St.**
City **Wakefield** State **RI** Zip **02879**

Secretary Name **Robert B. Shumaker**
Street Address **35 Brown St.**
City **Wakefield** State **RI** Zip **02879**

Treasurer Name **Robert B. Shumaker**
Street Address **35 Brown St.**
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 **Robert B. Shumaker**
Street Address **35 Brown St.**
City **Wakefield** State **RI** Zip **02879**
Director Name **None**
Street Address **None**
City **None** State **None** Zip **None**
Director Name **None**
Street Address **None**
City **None** State **None** Zip **None**

Director Name **None**
Street Address **None**
City **None** State **None** Zip **None**
Director Name **None**
Street Address **None**
City **None** State **None** Zip **None**

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
750 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
None

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



File Date: 1/2
1826
Check No. 2
By _____

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 Robert B. Shumaker Date 1/20/01
Print or Type Name of Officer **Robert B Shumaker**
Title of Officer **President**



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. **96425** 2. Name of Corporation **Bluebird Cafe, Inc.**
3. Street Address Principal Business Office **554 Kingstown Rd.** City **Wakefield** State **RI** Zip **02879**
4. Business Phone No. **(401) 7928940** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**
7. Brief Description of the Character of Business Conducted in Rhode Island
Full Service Family Restaurant

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

| | |
|--|---|
| President Name Robert B. Shumaker Street Address 35 Brown St. City Wakefield State RI Zip 02879 | Vice President Name Robert B. Shumaker Street Address 35 Brown St. City Wakefield State RI Zip 02879 |
| Secretary Name Robert B. Shumaker Street Address 35 Brown St. City Wakefield State RI Zip 02879 | Treasurer Name Robert B. Shumaker Street Address 35 Brown St. 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 None Street Address None City None State None Zip None | Director Name None Street Address None City None State None Zip None |
| Director Name None Street Address None City None State None Zip None | Director Name None Street Address None City None State None Zip None |

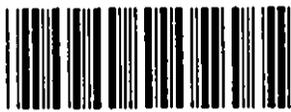
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
750 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
None

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



* 9 6 4 2 5 *

File Date: 2/18/00
Check No.: 1228
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] Date 2/16/00
Signature of Officer **Robert B. Shumaker**
Print or Type Name of Officer
President
Title of Officer



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. **98425** 2. Name of Corporation **Bluebird Cafe, Inc.**
3. Street Address Principal Business Office **554 Kingstown Rd.** City **Wakefield** State **RI** Zip **02879**
4. Business Phone No. **(401) 732-9400** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **079**
7. Brief Description of the Character of Business Conducted in Rhode Island **Restaurant**

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

| | |
|---|---|
| President Name Robert B. Shumaker | Vice President Name Rhonda M. Shumaker |
| Street Address 35 Brown St. | Street Address 13 Tucker St. |
| City Wakefield State RI Zip 02879 | City Peacedale State RI Zip 02879 |
| Secretary Name Rhonda M. Shumaker | Treasurer Name Robert B. Shumaker |
| Street Address 13 Tucker St. | Street Address 35 Brown St. |
| City Peacedale 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 Robert B. Shumaker | Director Name NONE |
| Street Address 35 Brown St. | Street Address NONE |
| City Wakefield State RI Zip 02879 | City NONE State NONE Zip NONE |
| Director Name NONE | Director Name NONE |
| Street Address NONE | Street Address NONE |
| City NONE State NONE Zip NONE | City NONE State NONE Zip NONE |

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

| AUTHORIZED SHARES | Class/Series | Par Value |
|-------------------------|--------------|-----------|
| 750 NO PAR VALUE | | |

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

| ISSUED SHARES | Class/Series | Par Value |
|---------------|--------------|-----------|
| None | | |

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



File Date: 1-12-99
1827
Check No.: AMP
By: _____

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] 1/9/99
Signature of Officer Date
Robert B. Shumaker
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **96425** 2. Name of Corporation **Bluebird Cafe, Inc.**
3. Street Address Principal Business Office **554 KINGS TOWN RD** City **WAKEFIELD** State **RI** Zip **02879**
4. Business Phone No. **(401) 792-8940** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island
Full service restaurant - breakfast + lunch

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

| | |
|---|---|
| President Name ROBERT SHUMAKER | Vice President Name RHONDA SHUMAKER |
| Street Address 35 BROWN ST | Street Address 35 BROWN ST |
| City WAKEFIELD State RI Zip 02879 | City WAKEFIELD State RI Zip 02879 |
| Secretary Name SAME AS ABOVE ↑ | Treasurer Name SAME AS ABOVE ↑ |
| Street Address | Street Address |
| City State Zip | City State Zip |

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

| | |
|------------------------------|------------------------------|
| 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 | Class/Series | Par Value |
|-------------------------|--------------|-----------|
| 750 NO PAR VALUE | | |

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

| ISSUED SHARES | Class/Series | Par Value |
|-------------------------|--------------|-----------|
| 750 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: **1.6.98**
Check No.: **1181**
By: **[Signature]**

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: **Rhonda Shumaker** Date: **1/2/98**
Print or Type Name of Officer: **RHONDA SHUMAKER**
Title of Officer: **VICE PRES. / TREASURER**