



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
160 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 OR PRINTED IN BLACK)

Form with sections for Corporate ID No., Name of Corporation, Principal Business Office, Business Phone No., State of Incorporation, Description of Business, Officers (President, Vice President, Secretary, Treasurer), Directors, Shares Authorized, and Shares Issued.

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



FILED *93125*

MAR 14 2005

By

Handwritten signature and number 5947

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: Theresa V. E. Mazzenga
Date: 3-3-2005

THHERESA V. E. MAZZENGA

Print or Type Name of Officer

PRESIDENT

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 93125		2. Name of Corporation PALATE PLEASERS GOURMET, LTD.			
3. Street Address Principal Business Office 1551 Centreville Road			City Warwick	State RI	Zip 02886
4. Business Phone No. (401) 821-3300		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island FOR THE PURCHASE, SALE, PREPARATION AND RESALE AT BOTHWHOLESALE AND RETAIL, FOOD AND BEVERAGES OF EVERY TYPE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name THERESA V. E. MAZZENGA			Vice President Name AROLDO L. MEZZENGA		
Street Address 26 Fornelli St.			Street Address SAME		
City West Warwick	State RI	Zip 02893	City	State	Zip
Secretary Name AROLDO L. MAZZENGA			Treasurer Name THERESA V. E. MAZZENGA		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name THERESA V. E. MAZZENGA			Director Name AROLDO L. MAZZENGA		
Street Address SAME AS ABOVE			Street Address SAME AS ABOVE		
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 NO PAR VALUE			60	Common	No Par Value

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



* 9 3 1 2 5 *

File Date	<u>2/12/04</u>
Check No.	<u>2644</u>
By:	<u>T. E.</u>
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.

Theresa V. E. Mazzenga 02/09/04
Signature of Officer Date

THERESA V. E. MAZZENGA

Print or Type Name of Officer

President

Title of Officer



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. **93125** 2. Name of Corporation **PALATE PLEASERS GOURMET, LTD.**
3. Street Address Principal Business Office
1551 Centreville Road
4. Business Phone No. **(401) 821-3300** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island

City **Warwick** State **RI** Zip **02886**
6. SIC Code **0**

Deli and catering services

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

President Name
THERESA V. E. MAZZENGA
Street Address
26 Fornelli Street
City **West Warwick** State **RI** Zip **02893**

Vice President Name
AROLDO L. MAZZENGA
Street Address
SAME
City State Zip

Secretary Name
AROLDO L. MAZZENGA
Street Address
SAME AS ABOVE
City State Zip

Treasurer Name
THERESA V. E. MAZZENGA
Street Address
SAME AS ABOVE
City State Zip

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

Director Name
THERESA V. E. MAZZENGA
Street Address
SAME AS ABOVE
City State Zip

Director Name
AROLDO L. MAZZENGA
Street Address
SAME AS ABOVE
City State Zip

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

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

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

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

ISSUED SHARES
Number of Shares Class/Series Par Value
60 Common No Par Value

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



* 9 3 1 2 5 *

3-4-03

File Date

2570

Check No.

[Signature]

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] 2-27-2003
Signature of Officer Date

THERESA V. E. MAZZENGA

Print or Type Name of Officer

President

Title of Officer



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. **93125** 2. Name of Corporation **PALATE PLEASERS GOURMET, LTD.**

3. Street Address Principal Business Office **1551 Centreville Road** City **Warwick** State **RI** Zip **02886**

4. Business Phone No. **(401) 821-3300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

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

Deli and catering services

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

President Name **THERESA V. E. MAZZENGA** Vice President Name **AROLDO L. MAZZENGA**
Street Address **26 Fornelli Street** Street Address **Same**
City **West Warwick** State **RI** Zip **02893** City **Same** State **RI** Zip **02886**

Secretary Name **AROLDO L. MAZZENGA** Treasurer Name **THERESA V. E. MAZZENGA**
Street Address **SAME AS ABOVE** Street Address **SAME AS ABOVE**
City **West Warwick** State **RI** Zip **02893** City **West Warwick** State **RI** Zip **02893**

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

Director Name **THERESA V. E. MAZZENGA** Director Name **AROLDO L. MAZZENGA**
Street Address **SAME AS ABOVE** Street Address **SAME AS ABOVE**
City **West Warwick** State **RI** Zip **02893** City **West Warwick** State **RI** Zip **02893**

Director Name _____ Director Name _____
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	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	60	Common	No Par Value

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



* 9 3 1 2 5 *

File Date: 2-25-02

Check No.: 2319

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] 2-14-02
Signature of Officer Date

THERESA V. E. MAZZENGA
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. **93125** 2. Name of Corporation **PALATE PLEASERS GOURMET, LTD.**
3. Street Address Principal Business Office **1551 Centreville Road** City **Warwick** State **RI** Zip **02886**
4. Business Phone No. **401-821-3300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

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

Deli and catering services

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

President Name THERESA V. E. MAZZENGA Street Address 26 Fornelli Street City West Warwick State RI Zip 02893	Vice President Name AROLDO L. MAZZENGA Street Address Same City Same State RI Zip 02886
Secretary Name AROLDO L. MAZZENGA Street Address Same as above City Same as above State RI Zip 02886	Treasurer Name THERESA V. E. MAZZENGA Street Address Same as above City Same as above State RI Zip 02886

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

Director Name THERESA V. E. MAZZENGA Street Address Same as above City West Warwick State RI Zip 02893	Director Name AROLDO L. MAZZENGA Street Address Same as above City Warwick State RI Zip 02886
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

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

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	60	Common	No Par Value

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



* 9 3 1 2 5 *

File Date: 2/13

Check No.: 2102

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.

Theresa V. E. Mazzenga 2-7-2001
Signature of Officer Date

THERESA V. E. MAZZENGA
Print or Type Name of Officer

President
Title of Officer



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. **93125** 2. Name of Corporation **PALATE PLEASERS GOURMET, LTD.**
3. Street Address Principal Business Office **1551 Centreville Road** City **Warwick** State **R.I.** Zip **02816**
4. Business Phone No. **401-821-3300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island
Deli and catering services

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

President Name THERESA V. E. MAZZENGA	Vice President Name AROLDO L. MAZZENGA
Street Address 26 Fornelli St.	Street Address SAME
City State Zip West Warwick R.I. 02893	City State Zip SAME
Secretary Name AROLDO L. MAZZENGA	Treasurer Name THERESA V. E. MAZZENGA
Street Address SAME AS ABOVE	Street Address SAME AS ABOVE
City State Zip SAME AS ABOVE	City State Zip SAME AS ABOVE

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

Director Name THERESA V. E. MAZZENGA	Director Name AROLDO L. MAZZENGA
Street Address SAME AS ABOVE	Street Address SAME AS ABOVE
City State Zip SAME AS ABOVE	City State Zip SAME AS ABOVE
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000	NO PAR VALUE	

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

ISSUED SHARES	Class/Series	Par Value
60	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: 2-14-00
Check No.: 1861
By: AMF
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.

Theresa V. E. Mazzenga Date: 2-7-00
Signature of Officer
THERESA V. E. MAZZENGA
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. 2. Name of Corporation

3. SIC 93125 Principal Business Office **PALATE PLEASERS GOURMET, LTD.** State RI Zip 02886
1551 Centreville Road Warwick RI
4. Business Phone No. (401) 821-3300 5. State of Incorporation RHODE ISLAND
6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
Deli and catering services

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

President Name Theresa V.E. Mazzenga	Vice President Name Aroldo L. Mazzenga
Street Address 26 Fornelli Street	Street Address same
City State Zip W. Warwick RI 02893	City State Zip same RI 02893
Secretary Name Aroldo L. Mazzenga	Treasurer Name Theresa V.E. Mazzenga
Street Address same	Street Address same
City State Zip	City State Zip

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

Director Name Theresa V. E. Mazzenga	Director Name Aroldo L. Mazzenga
Street Address same as above	Street Address same as above
City State Zip	City State Zip
Director Name	Director Name
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 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
60 Common No Par Value

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



* 9 3 1 2 5 *

File Date: 12/23/99
Check No.: 1583
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] 2-15-99
Signature of Officer Date
THERESA V.E. MAZZENGA
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. **93125** 2. Name of Corporation **PALATE PLEASERS GOURMET, LTD.**
3. Street Address Principal Business Office **1551 Centreville Road** City **Warwick** State **RI** Zip **02886**
4. Business Phone No. **401-821-3300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

Deli and catering services.

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

President Name Theresa V. E. Mazzenga	Vice President Name Aroldo L. Mazzenga
Street Address 26 Fornelli Street	Street Address same
City W. Warwick State RI Zip 02893	City same State RI Zip 02886
Secretary Name Aroldo L. Mazzenga	Treasurer Name Theresa V. E. Mazzenga
Street Address same	Street Address same
City W. Warwick State RI Zip 02893	City same State RI Zip 02886

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

Director Name Theresa V. E. Mazzenga	Director Name Aroldo L. Mazzenga
Street Address same as above	Street Address same as above
City W. Warwick State RI Zip 02893	City Warwick State RI Zip 02886
Director Name Aroldo L. Mazzenga	Director Name Theresa V. E. Mazzenga
Street Address same as above	Street Address same as above
City Warwick State RI Zip 02886	City W. Warwick State RI Zip 02893

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

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

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	60	common	no par value

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



* 9 3 1 2 5 *

File Date: 2-27-98
Check No.: 1365
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.

Theresa V. E. Mazzenga 2-24-98
Signature of Officer Date

Print or Type Name of Officer
Theresa V. E. Mazzenga
Title of Officer
President