



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 105131		2. Exact name of the limited liability company Mealworks, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RESTAURANT/DELI			
5. Principal office address 1606 NOOSENECK HILL RD.		City COVENTRY	State RI	Zip 02816	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name THOMAS L BLANCHETTE		Contact Title			
Street Address 1606 NOOSE NECK HILL RD.		City COVENTRY	State RI	Zip 02816	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name THOMAS H. DIPRETE		Address TWO STAFFORD COURT			
Address		City CRANSTON	Zip 02920-		

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 0 5 1 3 1

105131 DLLC 12/01/05 09:44:51 AM

File Date **FILED**

Check No **DEC 01 2005**

By: EMC

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.

Thomas H Diprete Date DEC 19 2005

Signature of Authorized Person

Thomas H Diprete

Print or Type Name of Authorized Person

05 DEC -1
DECL
STATE
DIV

C 83441



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 105131		2. Exact name of the limited liability company Mealworks, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RESTAURANT/DELI			
5. Principal office address 1606 NOOSENECK HILL RD.			City COVENTRY	State RI	Zip 02816
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name THOMAS L BLANCHETTE			Contact Title		
Street Address 1606 NOOSE NECK HILL RD.			City COVENTRY	State RI	Zip 02816
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name THOMAS H. DIPRETE			Address TWO STAFFORD COURT		
Address			City CRANSTON	Zip 02920-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 0 5 1 3 1

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.

Thomas H. DiPrete 10/14/03
Signature of Authorized Person Date
Thomas H. DiPrete *not duly authorized*
Print or Type Name of Authorized Person

105131 DLLC 10/14/03 11:13:40 AM

File Date APR 05 2004

Check No. *37*

By: *[Signature]*

FOR SECRETARY OF STATE USE ONLY



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *105131*		2. Exact name of the limited liability company Mealworks, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RESTAURANT/DELI	
5. Principal office address 1606 NOOSENECK HILL RD.		City COVENTRY	State RI Zip 02816
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name THOMAS L. BLANCHETTE		Contact Title	
Street Address 1606 NOOSE NECK HILL RD.		City COVENTRY	State RI Zip 02816
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12.(a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name THOMAS H. DIPRETE		Address TWO STAFFORD COURT	
Address		City CRANSTON	Zip 02920-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 1 0 5 1 3 1 *

105131 DLLLC9/12/0211:04:59 AM

File Date 9-18-02

Check No. 1267

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.

Thomas L. Blanchette
Signature of Authorized Person Date

THOMAS L. BLANCHETTE
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 105131

Annual Report for the year 2001

1. The name of the limited liability company is:

Mealworks, LLC

2. The address of the principal office of the limited liability company is:

1406 Moose Neck Hill Rd, Coventry, RI 02816

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: JAMES S. D'AMBRA, ESQ.

RICE, DOLAN & KERSHAW 170 WESTMINSTER STREET PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Kimberly Selter

1606 Moose Neck Hill Rd, Coventry, RI 02816

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: pm. deli

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated

9/4/01

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.



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Mealworks, LLC
Exact Name of Limited Liability Company

By

Kimberly S. Selter
Partner

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-13-01

Check No.: 1822

By: [Signature]

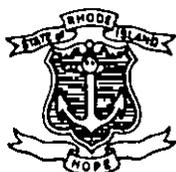
Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

Filing Fee: \$50.00

To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 105131

Annual Report for the year 2000

1. The name of the limited liability company is:

Mealworks, LLC

2. The address of the principal office of the limited liability company is:

1606 Norseneck Hill Road, Coventry RI 02816

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: JAMES S. D'AMBRA, ESQ.

RICE, DOLAN & KERSHAW 170 WESTMINSTER STREET PROVIDENCE RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Kimberly C. Selter

1606 Norseneck Hill Rd, Coventry RI 02816

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: SM Restaurant / Deli

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated

9/11/00

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.



1 0 5 1 3 1

Mealworks, LLC

Exact Name of Limited Liability Company

By

Kimberly Selter
Partner

Title

FOR SECRETARY OF STATE USE ONLY

File Date:

9/12

Check No.:

1496

By:

CS