

FOR SECRETARY OF STATE USE ONLY

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005

Filing Period: January (FORM MUST BE TYPED OR		Filing Fee: \$50.00							
1. Corporate ID No.	2. Name of Corpo	oration							
135531	A & A Sandwich Shops, Inc.								
3. Street Address Principal Bus			City	State	Zip				
14 Woodruff Avenue			Narragansett	RI	02882				
4. Business Phone No. 5. State of Incorporation				6. SIC Code					
(401) 782-8060 RHODE ISLANI			n 3081						
	ERATING OF RESTAU	ted in Rhode Island	PS AND RESTAURANT FRANCH	IISES PACES BEFORE USING	G ATTACHMENTS				
President Name			Vice President Name						
Saber Ahmadi			Khalid Amri						
Street Address			Street Address						
14 Woodruff Aver	nie		14 Woodruff Ave	enue					
Cuy	State	Zip	City	State	Zip				
Narragansett	RI	02882	Narragansett	RI	02882				
Secretary Name	***************************************		Treasurer Name						
None			Saber Ahmadi						
Siner Addres		Sirvy Address 14 Woodruff Avenue							
City	State	Zip	City	State	Zip				
			Narragansett	RI	02882				
9. NAMES AND ADDRE	SSES OF THE DIREC	CTORS: ("X" BOX FOR		SPACES BEFORE USI					
Director Name		•	Director Name						
None			None						
Street Address			Street Address	<u> </u>					
City	State	Zip	City	State	Zip				
Director Name		······································	Director Name						
None			None						
Street Address	<u> </u>	·	Street Address						
City	State	Zip	City	State	Zip				
10. SHARES AUTHORIZED SHARES	ED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTACH	IMENT)				
Number of Shares	Cluss/Series	Par Value	Number of Shares	Class/Scries	Par Value				
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1,000 NO PAR VALUE			100	Common	No Par				
			1						
This report must	t be signed in ink by	y either the President, Vice	e President, Secretary, Assistan	t Secretary, Treasurer,	Receiver or Trustee				
				panying schedules and stat	nat I have examined this report tements, and that all statement				

Saber Ahmadi
Print or Type Name of Officer

President

Title of Officer

Form 630 Rev. 12/03



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

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4 Business Phone No. 5. State of incorporal			1			
(401) 782-8060 RHODE ISLAN Brief Description of the Character of Business Conducted in Rhode Island					3081	
OWNING AND OPER NAMES AND ADDRESS	ATING OF RESTAU	RANTS, SANDWICH SHOP ERS: ("X" BOX FOR AT	S AND RESTAURANT FRANCH TACHMENT)	IISES PACES BEFORE USIN	G ATTACHMENTS	
President Name Saber Ahmadi			Khalid Amri			
Saper Attient			Sirvet Address			
14 Woodruff Aven	ue		14 Woodruff Aver	nue		
City	State	Z(p	City	State	Zip	
Varragansett	RI	02882	Narragansett	RI	02882	
ecretary Name			Treasurer Name			
<u> </u>			Saber Ahmadi			
Sirvet Address			Sireet Address 14 Woodruff Avenue			
				State	Zip	
City	State	Zip	Narragansett	RI	02882	
NAMES AND ADDRES	SES OF THE DIPE	 CTORS: <i>("X" BOX FOR /</i>		SPACES BEFORE US		
), NAMES AND ADDRES Director Name	JES OF THE DIKE	CLUMU, (A DOA I ON)	Director Name			
None			None			
Sireci Address			Street Address	<u></u>		
City	State	Ζφ	City	State	Zip	
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Director Name			Director Name			
None			None			
Sirvet Address			Street Address			
City.	State	Zip	Clly	State	Zip	
City	Sant					
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AUTHORIZED SHARES		<i>,</i> <u></u>	ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	. Par Value	
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1,000 NO PAR VALUE			100	Common	No Par	
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111	BION KIRAR IKKAL BIKAL BINDI					
	<u> </u>		Under penalty of pe	rjury. I declare and affirm	that I have examined this	
	1 3 5 5	3_1_+			statements, and that all state	
			contained herein are	e true and correct.	f: 01-19-0	
File Date REC	EIVED		_Salocs	<u>zknma</u>	1. 01-17,-0	
		a)	Signature of Officer		Date	
Chrck NoJAN	24/III4 ~X	 	· Saber Ahmad	li		
BY VO T			Print or Type Name			
Ву:	★		President			
FOR SECRETARY	OF STATE USE ONLY		Title of Officer			
			me or vincu		Form 630 Rev. 12	