



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

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. Corporate ID No. 135531		2. Name of Corporation A & A Sandwich Shops, Inc.			
3. Street Address Principal Business Office 14 Woodruff Avenue			City Narragansett	State RI	Zip 02882
4. Business Phone No. (401) 782-8060		5. State of Incorporation RHODE ISLAND			6. SIC Code 3081
7. Brief Description of the Character of Business Conducted in Rhode Island OWNING AND OPERATING OF RESTAURANTS, SANDWICH SHOPS AND RESTAURANT FRANCHISES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Saber Ahmadi			Vice President Name Khalid Amri		
Street Address 14 Woodruff Avenue			Street Address 14 Woodruff Avenue		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name None			Treasurer Name Saber Ahmadi		
Street Address			Street Address 14 Woodruff Avenue		
City	State	Zip	City Narragansett	State RI	Zip 02882
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 NO PAR VALUE			100	Common	No Par

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



File Date	2-10-05
Check No.	1020
By:	RB
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 Saber Ahmadi Date 01.26.05
Print or Type Name of Officer Saber Ahmadi
Title of Officer President



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File Date	RECEIVED
Check No.	JAN 22 2004
By:	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.

Saber Ahmadi 01-19-04
Signature of Officer Date
Saber Ahmadi
Print or Type Name of Officer
President
Title of Officer