

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 (FORM MUST BE TYPED OR F	- March 1 • Filing	Fee: \$50.00	TOR THE TEAP	2000	
1. Corporate ID No.	2. Name of Corporation				· · ·
108731	D.E. Foods, inc.		•		
3. Sterre Address Principal Busin	EDRGE RD:		HANDYER	State MA	2ip 02339
1. Business Phone No. 781-982-0	755	5. State of Incorporation MASSACHUSETT	s		6. SIC Cixte 3081
7. Brief Description of the Chara TO ENGAGE IN THI	icter of Business Conducted in R E TRADE OR BUSINESS (thode Island OF OPERATING A REST	AURANT		
8. NAMES AND ADDRES	SES OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT)	PACES BEFORE USING	ATTACHMENTS
DAVINE	E. EVANS		- Na	NE -	
SIRVE Address 170 OLDE	FORGE RD.		Sircei Address		
HANOVER	Siaic MA	02339	City	State	Zíp
MARY ANI	V T. EVAN	15	DA VID E.	EVANS	
Sircei Address 170 OLD	E FORGE RD) •	170 OLDE I	FORGE RD.	
HANDVER	State MA SES OF THE DIRECTOR	S: ("X" BOX FOR ATI	HANDLER FILL IN	SPACES BEFORE USING	CATTACHMENTS
Director Name AITA E	EVANIS	S. (A BOATOR ATT	Director Same	N T. EVAN	
Street Address 170 010	E FORGE H	<i>₽</i> ø.	SIRCEI Address 170 OLDE	FORGE RD.	
CITYHANOVER	siaic MA	02339	HANDLER	Siale MA	02339
Director Name	VONE -	,	Director Name	NONE -	,
Street Address	· ·		Street Address	•	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZI	 ED <i>("X" BOX FOR ATT/</i>	 ACHMENT) [: 11. SHARES ISSUED (*. ISSUED SHARES	 X" BOX FOR ATTACHM	VENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
15,000 COMM NO PAR	VALUE		200	Common	No PAR VALUE
This report must	be signed in ink by either	er the President, Vice P	resident, Secretary, Assistan	t Secretary, Treasurer, R	eceiver or Trustce
	1818 11611 18181 18111 1888				
					1 have examined this report.
Julo	<u>*108731</u>		including any accomp		nents, and that all statements
File Date	<u>در</u>		Navid C. Signature of Officer	Wans	1/7/03 Date
Check No	<u> </u>		DAVIA E. EVANS Printer Type Name of Officer		
By: V.) FOR SECRETARY O	F STATE USE ONLY		RESIDEN	IT & TREASI	IRER



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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1 Corporate ID No.	2. Name of Corporation				
3. Street Address Principal Business O	D.E. Foods, Inc.		Zin. 1	State	Zip
	RISE RD.		HANOVER	MA	02339
4. Business Phone No.	~ ~ ~	5. State of Incorporation			6. SIC Code
7. Brief Description of the Character of	155 Business Conducted in R	MASSACHUSETTS			3081
TO ENGAGE IN THE TRA			URANT		
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	. —	ACES BEFORE USING A	TTACHMENTS
President Same	EVANS		Vice President Name — \(\lambda \)	115 —	
Street Address	L VAIN 3		Street Address	<u></u>	
170 OLDE	FORGE KE) . Im			
HANOVER.	State MA	D2339	City Treasurer Name	State	Zip
Survey Address	T. EVA	15	DAVED E	EVANS	
170 OLDE 1	DRUE RD	T-	Street Address DLDE	, , , , , , , , , , , , , , , , , , , 	
HANDLER 9. NAMES AND ADDRESSES	State MA OF THE DIRECTOR		HANDYER	SPACES REFORE USING	D2339
Director Came DAUID E. 1	EVANS	s. (X BOX TOX ATT	MARU ANN	T. EVANS	ATTACIMENTS
Since Address 170 OLDE A	DRISE RO.		Sircei Address DLDE	FORGE RD.	
HANDVER	State	02339	HANDUER	Siaic	02339
Director Name - 1/	DAIF -	,	Director Name — //) DNF -	, , , , ,
Street Address	// · · · · · · · · · · · · · · · · · ·		Sircei Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X ISSUED SHARES	(* BOX FOR ATTACHMI	ENT) [
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
15,000 COMM NO PAR VALU	E		200	Common	NO PARLALUE
This report must be s	igned in ink by cithe	or the President Vice Pr	resident, Secretary, Assistant	Secretary Treasurer Re	ceives or Trustee
	· a···				
					I have examined this report,
* 1	08731	†	including any accompa		ents, and that all statements
File Date)9		Mariel	Com	1/28/14
1351	•		Signature of Officer	- ~	Date
Check No.			DAVID 1	E EVANS	<u> </u>
Ву:		_	Printer Type Name of C	" <i>1</i>	
FOR SECRETARY OF STA	ATE USE ONLY		Tille of Officer	T = [REASU.	Form 630 Rev. 12/03
					LOTHEODO REV. 12/03

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: Januar	ry 1-March 1 •	Filing Fee: \$50.00)		INSTRUCTIONS
(FORM MUST BE TYTED OR PRI 1 Corporate ID No. 108731	2. Name of Corport D.E. Foods				
3. Street Address Principal Busine 170 OLDE 4. Business Phone No.	. FORGE A	b. S State of Incorporati	on HANOVER	MA	D2339 6. SIC Code
(181) 982-0	755	MASSACHUS	^		3081
OPERATOR (8. NAMES AND ADDRE	OF KENTUU ESSES OF THE OFF	KY FRIED C	FACHMENT) FILL IN SPACES I	HURANTS before using attach	MENTS
President Name DAVID E. Street Address	EVANS		Vice President Name - Street Address	-NONE -	
Street Address 170 OLDE City HANDVER Secretary Name	FORGE K	D. Zip	City	State	Zip
Secretary Nume MARY AN Street Address	MAT. EV	02339. IANK	Treasurer Name	EVANS	
Street Adardss 170 OLL	SE FORGE STATE	Ro.	4	E FORGE RA	۵.
HANOVER 9. NAMES AND ADDRE	MA ESSES OF THE DIR	02339 ECTORS ("X" BOX FOR)		MA S BEFORE USING ATTAC	02339 DA339 HMENTS
Director Name AVID E.		2	Director Name MARY ANN Street Address	T. EVANS	
City 170 OLDE	FORGE A	Z1p	170 OLDE	FORGE RO. State MA	Zip
HANDUER Director Name		02339	District Name	1	02339
Street Address	NONE -		Street Address	ONE -	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR AT	FACHMENT)	11. SHARES ISSUED (*.	X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shures	Class/Series	Par Value
15,000 COMM NO PAR	VALUE		200	Common	No PAR VALUI

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

	* 1 0 8 7 3 1 *
File Date:	3.6.03
Check No .	10306
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.
Naved C. Evan 1/31/03
Signature of Officer Date
DAVID E. EVANS
Print or Type Name of Officer
PRESIDENT TREASURER
Title of Officer

Form 639 12/02

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN B.					
1. Corporate ID No. 108731	2. Name of Corporation D.E. Foods, In				
3. Street Address Principal Busine	ss Office		City 11	State	Zip_
170 OLDE	FORGE KD	S. State of Incorporation	HANOVER	MA	02339
(181) 982. 7. Brief Description of the Charac	0755		TS		6. SIC Code 3081
7. Brief Description of the Charac	ter of Business Conducted in	Rhode Island	_		
OPERATOR 8 NAMES AND ADDRE	SSES OF THE OFFICE	UCKY PRIED	CHICKEN RE	STAURANTS.	MENTO
President Name		LRS (A BOA FOR ATTAC	Vice President Name	FORE USING ATTACH	MEIA12
DAVID E	: EVANS		·	NONE	
ITD PLDE	FRRAT RI	١.	Street Address		
HANDVER	State M	Zip	City	State	Zip
			Treasurer Name		
MARU A	NN T. EVA	NS	DAVID E.	EVANS	
			Street Address	_	
City 1 10 OFD	E I UKGE N	$D \cdot {z_{l_{P_{-}}}}$: 170 OLDE	FOREL KD.	Zip
HANOVER	E FORGE R	02339	HANOVER	MA	02339
9. NAMES AND ADDRE Direc <u>tor N</u> ame	SSES OF THE DIREC	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES Director Name		CHMENTS
DAVID E.	EVANS		Street Address 170 OLDE City HANOVER Director Name	IT. EVAN	5
Straat Addrass		^ .	Street Address /	Facia Pa	
City 11.	State A	Zip	City 1 OLDE	State 00	Zip
HANOVER	FORGE RI	. <i>02339</i>	HANOVER	(Y)A	02339
- Noi	ALE -	,	- 11	ONE -	·
Street Address	· • ·		Street Address	0.02	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED (*X* BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT)	
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUFT) SHARES Number of Shares	Class/Series	Par Value
15,000 COMM NO PAR	VALUE				
			200	COMMON	No PAR VALUE

Title of Officer **₹** 5

	* 1 0 8 7 3 1 *
File Date:	1-22-02
Check No.:	a 50
Ву:	<u>Ce</u>
FOR SECRETARY O	F STATE USE ONLY

Under penalty of perjury, I declare and affirm to	that I have examined
this report, including any accompanying sched	lules and statements, and
that all statements contained herein are true as	nd correct.
David & Com	1/18/02
Signature of Officer	Date
DAVED E. EVANS	
Frint or Type Name of Officer	
PRESENENT & TREAS	URER.

Ferm 630 12/01

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

Office of the Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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



FORM MUST BE TYPED IN BLACK	9				
1. Corporate ID No.	2. Name of Corporation			•	
3. Street Address Printipal Business Of		0005, Inc.	City	State	Zip
1. Rusiness Plione No. OLDE	FORGE RI	C State of Incorporation	HANOVER	MA	02339 6. SIC Code
(781) 982	0755	MASSACHI	<i>USEI</i> TS		3081
7. Brief Description of the Character of	Business Conducted in Rhi	ode Island	. 1 L	2	·
OPERATOR 8. NAMES AND ADDRESSE	OF KEN	TUCKY PRIED	O CHICKEN 1)	<i>ESTAURANT</i> ORE USING ATTACHME	ents
President Name		RS (A BOM FOR ATTACHM	Vice President Name		
DAVED E	. EVANS				
Street Address	FORGE	Ro	Street Address		
City 110 UNUE	State	Zip	City	State	Zip
HANOVER	FORGE SIGNE	02339			
Secretary Name MARY ANN		•	DAVEO E	FVALLE	
			Cross Address		
170 OLDE	FORGE F	Κ Δ.	170 0 4015	FORGE RO.	
HANOVER	State	zip ハコユ3 <i>G</i>	HANOVER	State MA	02339
9. NAMES AND ADDRESSE	I/IH S OF THE DIRECT	ORS (*X* BOX FOR ATTAC	, , , , , ,	EFORE USING ATTACH!	
Director Nam	Elm		Director Name	T 1 1	
DAVID E.		^	MARY ANN Street Address	1. EVANS	•
City HANOVER	FORGE ,	Ko.	170 OLDE	FORGE RO.	
City	State	Zip	City 1 10 01-012	State	Zip
HANOVEK Director Name	111/4	02007	ITHNOVER Director Name	1114	02339
Street Address			Street Address		
City	State	Zip	City	State	21p
10. SHARES AUTHORIZED	(*X* BOX FOR ATTACH	MENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUTED SHARES	m	Bur Malus
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Serles	Par Value
15,000 C	ommon 1	No PAR VALUE	200	Common	NO PARVALUE
1					
					n
This report must be signed	I in ink by either	the President, Vice Pr	esident, Secretary, Assistar	it Secretary, Treasurer,	Receiver or irustee

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date: 2/12/200/	that all systements contained herein are true and correct.
Check No.:	Signature of Officer Dute Dute
By:	PRESIDENT AND TREASURER
FOR SECRETARY OF STATE USE ONLY	Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

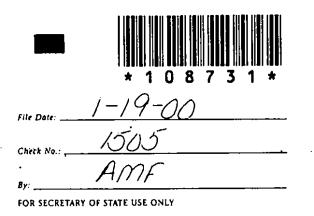
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PER SERVED PAYBREE HOAN

(FORM MUST BE TYPED IN B					
1. Corporate ID No.	2. Name of Corporat				
108731	D.E. Foods	i, inc.	Clm	State	Zip
3. Street Address Principal Busine		<i>a</i> 0	HANOVER	MA	02339
· •	FORGE	RD 5. State of Incorporation	////****	1417	6. SIC Code
4. Business Phone No. 781 - 982 - 0	755	•			3081
787 - 782 - 0 7. Brief Description of the Charac		MASSACHUSET1	18		J-67
7. Bitel Description of the Charac	E MACALETIC	COLCO BULLE	N RESTAURANT	,	
OPERATOR O	T KENTUCKY	CERS (AVA DOV DOD ATTAC	MARKET FILLINGBACES	BEFORE USING ATTACH	IMENTS
8. NAMES AND ADDRI	F22F2 OF THE OFFI	CERS ("X" BOX FOR ALLAC	Vice President Name	BEFORE OSEIO ATTACI	
DAVID E.	EVANS				
Street Address			Street Address		
170 OLDE FO	PLE PO		VIII.		
CIN OLVE FO	State	Zip	City	State	Zip
HANOVER	MA	02339	2,		•
Secretary Name	1.11	0227	Treasurer Name		
MARY ANN	T FUAR	S	DAVID E.	EUANS	
Street Address	I. LUMICE		Street Address		
	CORGE RD		170 OLDE	FORGE RD	
City	State	Zip	City	State	Zip
HANOVER	MA	02339	HANOUER	MA	02339
9. NAMES AND ADDRI	FSSES OF THE DIRE	- • • •	* * *	ES BEFORE USING ATTA	CHMENTS
Director Name			Director Name		
DAVID E.	EVANS		MARY ANN	T. EVANS	
Street Address					
170 OLDE	EORGE RI	D	170 OLDE	FORGE RD	
City	State	ZIp	City	State	Zip
HANOVER	MA	02339	HANOVER	MA	02339
Director Name	`.	•	Director Name	·	
Street Address			Street Address		
Ole.	State	Zip	City	State	Zip
City	State	~·y	,	•	•
10. SHARES AUTHORIS	ZED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES			ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

200



15,000 COMM NO PAR VALUE

Under penalty of perjury, I declare and affirm that I have examined this report, Including any accompanying schedules and statements, and that all matements contained herein are true and correct.

Signature of Officer

Date

Ignature of Officer Date

DAVID E. EVINS

Print or Type Name of Officer

PRESIDENT & TREASURER

NO PAR