



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. <b>108731</b>		2. Name of Corporation <b>D.E. Foods, Inc.</b>	
3. Street Address Principal Business Office <b>170 OLDE FORGE RD.</b>		City <b>HANDOVER</b>	State <b>MA</b>
4. Business Phone No. <b>781-982-0755</b>		5. State of Incorporation <b>MASSACHUSETTS</b>	
6. SIC Code <b>3081</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO ENGAGE IN THE TRADE OR BUSINESS OF OPERATING A RESTAURANT</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>DAVID E. EVANS</b>		Vice President Name <b>- NONE -</b>	
Street Address <b>170 OLDE FORGE RD.</b>		Street Address	
City <b>HANDOVER</b>	State <b>MA</b>	Zip <b>02339</b>	
Secretary Name <b>MARY ANN T. EVANS</b>		Treasurer Name <b>DAVID E. EVANS</b>	
Street Address <b>170 OLDE FORGE RD.</b>		Street Address <b>170 OLDE FORGE RD.</b>	
City <b>HANDOVER</b>	State <b>MA</b>	Zip <b>02339</b>	City <b>HANDOVER</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>DAVID E. EVANS</b>		Director Name <b>MARY ANN T. EVANS</b>	
Street Address <b>170 OLDE FORGE RD.</b>		Street Address <b>170 OLDE FORGE RD.</b>	
City <b>HANDOVER</b>	State <b>MA</b>	Zip <b>02339</b>	City <b>HANDOVER</b>
Director Name <b>- NONE -</b>		Director Name <b>- NONE -</b>	
Street Address		Street Address	
City	State	Zip	City
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>15,000 COMM NO PAR VALUE</b>			
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>300</b>	<b>COMMON</b>	<b>NO PAR VALUE</b>	

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



\*108731\*

File Date <b>1/11/05</b>
Check No. <b>12440</b>
By: <b>W</b>
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.

**David E. Evans** **1/7/05**  
Signature of Officer Date  
**DAVID E. EVANS**  
Print or Type Name of Officer  
**PRESIDENT & TREASURER**  
Title of Officer



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 2004**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 108731		2. Name of Corporation D.E. Foods, Inc.			
3. Street Address Principal Business Office 170 OLDE FORGE RD.		City HANOVER	State MA	Zip 02339	
4. Business Phone No. (781) 982-0755		5. State of Incorporation MASSACHUSETTS		6. SIC Code 3081	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE TRADE OR BUSINESS OF OPERATING A RESTAURANT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVID E. EVANS			Vice President Name - NONE -		
Street Address 170 OLDE FORGE RD.			Street Address		
City HANOVER	State MA	Zip 02339	City	State	Zip
Secretary Name MARY ANN T. EVANS			Treasurer Name DAVID E. EVANS		
Street Address 170 OLDE FORGE RD.			Street Address 170 OLDE FORGE RD.		
City HANOVER	State MA	Zip 02339	City HANOVER	State MA	Zip 02339
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DAVID E. EVANS			Director Name MARY ANN T. EVANS		
Street Address 170 OLDE FORGE RD.			Street Address 170 OLDE FORGE RD.		
City HANOVER	State MA	Zip 02339	City HANOVER	State MA	Zip 02339
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
15,000 COMM NO PAR VALUE			200	Common	NO PAR VALUE

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	2-4-04
Check No.	11335
By:	TUP
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: David E. Evans Date: 1/28/04  
Print or Type Name of Officer: DAVID E. EVANS  
Title of Officer: PRESIDENT & TREASURER



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



**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.

108731

2. Name of Corporation

D.E. Foods, Inc.

3. Street Address Principal Business Office

170 OLDE FORGE RD.

City

HANDOVER

State

MA

Zip

02339

4. Business Phone No.

(781) 982-0755

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

3081

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

OPERATOR OF KENTUCKY FRIED CHICKEN RESTAURANTS

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

DAVID E. EVANS

Vice President Name

- NONE -

Street Address

170 OLDE FORGE RD.

Street Address

City

HANDOVER MA

Zip

02339

City

State

Zip

Secretary Name

MARY ANN T. EVANS

Treasurer Name

DAVID E. EVANS

Street Address

170 OLDE FORGE RD.

Street Address

170 OLDE FORGE RD.

City

HANDOVER MA

Zip

02339

City

State

Zip

02339

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

DAVID E. EVANS

Director Name

MARY ANN T. EVANS

Street Address

170 OLDE FORGE RD.

Street Address

170 OLDE FORGE RD.

City

HANDOVER MA

Zip

02339

City

State

Zip

02339

Director Name

- NONE -

Director Name

- NONE -

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

15,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

Common

NO PAR VALUE

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:

2-6-03

Check No.

10206

By:

UP

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.

David E. Evans

1/31/03

Signature of Officer

Date

DAVID E. EVANS

Print or Type Name of Officer

PRESIDENT & TREASURER

Title of Officer



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



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. 108731 2. Name of Corporation D.E. Foods, Inc.

3. Street Address Principal Business Office

170 OLDE FORGE RD.

4. Business Phone No.

(781) 982-0755

5. State of Incorporation

MASSACHUSETTS

City

HANOVER

State

MA

Zip

02339

6. SIC Code  
3081

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

OPERATOR OF KENTUCKY FRIED CHICKEN RESTAURANTS

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

President Name

DAVID E. EVANS

Vice President Name

NONE

Street Address

170 OLDE FORGE RD.

Street Address

City

HANOVER

State

MA

Zip

02339

City

State

Zip

Secretary Name

MARY ANN T. EVANS

Treasurer Name

DAVID E. EVANS

Street Address

170 OLDE FORGE RD.

Street Address

170 OLDE FORGE RD.

City

HANOVER

State

MA

Zip

02339

City

State

Zip

02339

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

Director Name

DAVID E. EVANS

Director Name

MARY ANN T. EVANS

Street Address

170 OLDE FORGE RD.

Street Address

170 OLDE FORGE RD.

City

HANOVER

State

MA

Zip

02339

City

State

Zip

02339

Director Name

NONE

Director Name

NONE

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

15,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

COMMON NO PAR VALUE

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: 1-22-02

Check No.: 250

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.

David E. Evans 1/18/02  
Signature of Officer Date

DAVID E. EVANS  
Print or Type Name of Officer

PRESIDENT & TREASURER  
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.		2. Name of Corporation							
108731		D.E. FOODS, INC.							
3. Street Address Principal Business Office		City	State	Zip					
170 OLDE FORGE RD.		HANOVER	MA	02339					
4. Business Phone No.	5. State of Incorporation		6. SIC Code						
(781) 982-0755	MASSACHUSETTS		3081						
7. Brief Description of the Character of Business Conducted in Rhode Island									
OPERATOR OF KENTUCKY FRIED CHICKEN RESTAURANT									
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS									
President Name		Vice President Name							
DAVID E. EVANS		_____							
Street Address		Street Address							
170 OLDE FORGE RD.		_____							
City	State	Zip	City	State	Zip				
HANOVER	MA	02339	_____	_____	_____				
Secretary Name		Treasurer Name							
MARY ANN T. EVANS		DAVID E. EVANS							
Street Address		Street Address							
170 OLDE FORGE RD.		170 OLDE FORGE RD.							
City	State	Zip	City	State	Zip				
HANOVER	MA	02339	HANOVER	MA	02339				
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS									
Director Name		Director Name							
DAVID E. EVANS		MARY ANN T. EVANS							
Street Address		Street Address							
170 OLDE FORGE RD.		170 OLDE FORGE RD.							
City	State	Zip	City	State	Zip				
HANOVER	MA	02339	HANOVER	MA	02339				
Director Name		Director Name							
_____		_____							
Street Address		Street Address							
_____		_____							
City	State	Zip	City	State	Zip				
_____	_____	_____	_____	_____	_____				
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)					11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)				
AUTHORIZED SHARES					ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
15,000	COMMON	NO PAR VALUE	200	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: 2/12/2001

Check No.: 1803

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 of Officer: David E. Evans Date: 2/5/2001

Print or Type Name of Officer: DAVID E. EVANS

Title of Officer: PRESIDENT AND TREASURER



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

108731

D.E. Foods, Inc.

3. Street Address Principal Business Office

170 OLDE FORGE RD

City

HANOVER

State

MA

Zip

02339

4. Business Phone No.

781-982-0755

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

3081

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

OPERATOR OF KENTUCKY FRIED CHICKEN RESTAURANT

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

President Name

DAVID E. EVANS

Vice President Name

Street Address

170 OLDE FORGE RD

Street Address

City

HANOVER

State

MA

Zip

02339

City

State

Zip

Secretary Name

MARY ANN T. EVANS

Treasurer Name

DAVID E. EVANS

Street Address

170 OLDE FORGE RD

Street Address

170 OLDE FORGE RD

City

HANOVER

State

MA

Zip

02339

City

HANOVER

State

MA

Zip

02339

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

Director Name

DAVID E. EVANS

Director Name

MARY ANN T. EVANS

Street Address

170 OLDE FORGE RD

Street Address

170 OLDE FORGE RD

City

HANOVER

State

MA

Zip

02339

City

HANOVER

State

MA

Zip

02339

Director Name

Street Address

City

State

Zip

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

15,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

COMMON NO PAR

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: 1-19-00

Check No.: 1505

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.

Signature of Officer: David E. Evans Date: 1/17/2000

Print or Type Name of Officer: DAVID E. EVANS

Title of Officer: PRESIDENT & TREASURER