



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. 86633		2. Name of Corporation LIONHEART MKTG CORP	
3. Street Address Principal Business Office 727 LEAST AVE		City PAWTUCKET	State RI
4. Business Phone No. 401 726 2826		5. State of Incorporation RHODE ISLAND	
6. SIC Code 5411			
7. Brief Description of the Character of Business Conducted in Rhode Island RESTAURANT			
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Robert Yaffe		Vice President Name NONE	
Street Address 33 River St		Street Address	
City Riverside	State RI	City	State
Zip 02915		Zip	
Secretary Name NONE		Treasurer Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Robert Yaffe		Director Name NONE	
Street Address 33 River St		Street Address	
City Riverside	State RI	City	State
Zip 02915		Zip	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		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	Number of Shares	Class/Series
1000	Common	100	Common
Par Value		Par Value	
-		-	

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

FILED

APR 14 2005

By *KMC*

C63256

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 *Robert Yaffe* Date

Print or Type Name of Officer *Robert Yaffe*

Title of Officer *President*

File Date	By
Check No.	
By:	

FOR SECRETARY OF STATE USE ONLY



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. 86633		2. Name of Corporation Lionheart Mills, Corp.			
3. Street Address Principal Business Office 727 EAST AVE		City PAWTUCKET		State RI	Zip 02860
4. Business Phone No. 401 726-2826		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert Yaffe			Vice President Name NONE		
Street Address 33 River St			Street Address		
City RIVERSIDE	State RI	Zip 02915	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert Yaffe			Director Name NONE		
Street Address 33 River St			Street Address		
City RIVERSIDE	State RI	Zip 02915	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"/> AUTHORIZED SHARES					
Number of Shares 1000	Class/Series COMMON	Par Value - C -	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares 100	Class/Series COMMON	Par Value - C -			

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

FILED

APR 14 2005

By: KMC
C 63256

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
Robert Yaffe
Date
Print or Type Name of Officer
President
Title of Officer

File Date	By
Check No.	
By	

FOR SECRETARY OF STATE USE ONLY



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>86633</u>		2. Name of Corporation <u>Lionheart MKTG CORP</u>			
3. Street Address Principal Business Office <u>727 EAST AVE</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02860</u>	
4. Business Phone No. <u>401 726 2826</u>		5. State of Incorporation <u>RHODE ISLAND</u>		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island <u>RESTAURANT</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Robert Yaffe</u>		Vice President Name <u>NONE</u>			
Street Address <u>727 EAST AVE</u>		Street Address			
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02860</u>	City	State	Zip
Secretary Name <u>NONE</u>		Treasurer Name <u>NONE</u>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>Robert Yaffe</u>		Director Name <u>NONE</u>			
Street Address <u>33 River St</u>		Street Address			
City <u>RIVERSIDE</u>	State <u>RI</u>	Zip <u>02915</u>	City	State	Zip
Director Name <u>NONE</u>		Director Name <u>NONE</u>			
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 <u>500</u>	Class/Series <u>Common</u>	Par Value <u>0</u>	Number of Shares <u>100</u>	Class/Series <u>Common</u>	Par Value <u>0</u>

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

FILED

APR 14 2005

By KMC

C63256

File Date	_____
Check No.	_____
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.

Signature of Officer Robert Yaffe Date _____
Print or Type Name of Officer President
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

2002

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 86633		2. Name of Corporation LIONHEART MKTG CORP	
3. Street Address Principal Business Office 727 EAST AVE		City PAWUCKET	State RI
4. Business Phone No. 401 726 2826		5. State of Incorporation RHODE ISLAND	
6. SIC Code 5811			
7. Brief Description of the Character of Business Conducted in Rhode Island RESTAURANT			
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Robert Yaffe		Vice President Name NONE	
Street Address 33 River St		Street Address	
City Riverside	State RI	City	State
Zip 02915		Zip	
Secretary Name NONE		Treasurer Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Robert Yaffe		Director Name NONE	
Street Address 33 River St		Street Address	
City Riverside	State RI	City	State
Zip 02915		Zip	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
Zip		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	Number of Shares	Class/Series
1000	COMMON	100	COMMON
Par Value		Par Value	
-		-	

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

FILED

APR 14 2005

By KML

C63256

File Date _____
Check No. _____
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.

Signature of Officer _____
Robert Yaffe
Date _____
Print or Type Name of Officer
PRESIDENT
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 2001

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>86633</u>		2. Name of Corporation <u>LIONHEART MKTG CORP.</u>			
3. Street Address Principal Business Office <u>727 EAST AVE</u>			City <u>PAWTEUCKET</u>	State <u>RI</u>	Zip <u>02860</u>
4. Business Phone No. <u>401 726 2826</u>		5. State of Incorporation <u>RHODE ISLAND</u>			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <u>Restaurant Retail</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Robert Yaffe</u>			Vice President Name <u>NONE</u>		
Street Address <u>33 River St</u>			Street Address		
City <u>RIVERSIDE</u>	State <u>RI</u>	Zip <u>02915</u>	City	State	Zip
Secretary Name			Treasurer Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>Robert Yaffe</u>			Director Name <u>NONE</u>		
Street Address <u>33 River St</u>			Street Address		
City <u>RIVERSIDE</u>	State <u>RI</u>	Zip <u>02915</u>	City	State	Zip
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares <u>8000</u>		Class/Series <u>Common</u>	Par Value <u>-</u>		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares <u>100</u>		Class/Series <u>Common</u>	Par Value <u>-</u>		

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

FILED

APR 14 2005

By Kune
C63256

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

Print or Type Name of Officer

Title of Officer

3/31/05
Date

File Date	_____
Check No	_____
By:	_____

FOR SECRETARY OF STATE USE ONLY



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

2000

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 86633		2. Name of Corporation LIONHEART MFG. CORP.									
3. Street Address Principal Business Office 727 EASY AVE		City PAWTECKET	State RI	Zip 02860							
4. Business Phone No. 401 726-2826		5. State of Incorporation RHODE ISLAND		6. SIC Code							
7. Brief Description of the Character of Business Conducted in Rhode Island											
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name Robert Yaffe		Vice President Name NONE									
Street Address 33 River St		Street Address									
City RIVERSIDE	State RI	Zip 02915	City	State							
Secretary Name NONE		Treasurer Name NONE									
Street Address		Street Address									
City	State	Zip	City	State							
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
Director Name Robert Yaffe		Director Name NONE									
Street Address 33 River St		Street Address									
City RIVERSIDE	State RI	Zip 02915	City	State							
Director Name NONE		Director Name NONE									
Street Address		Street Address									
City	State	Zip	City	State							
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES						
Number of Shares 8000		Class/Series Common		Par Value - 0 -		Number of Shares 100		Class/Series Common		Par Value - 0 -	

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

FILED

APR 14 2005

By **RMC**

C63256

File Date _____
Check No. _____
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.

Signature of Officer
Robert Yaffe
Date

Print or Type Name of Officer
President
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

1944

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 86633		2. Name of Corporation LIONHART MKIB CORP			
3. Street Address Principal Business Office 727 E 5th Ave			City PROVIDENCE	State RI	Zip 02906
4. Business Phone No. 401 726 2826		5. State of Incorporation Rhode Island			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert Yaffe			Vice President Name NONE		
Street Address 33 River St			Street Address		
City Riverside	State RI	Zip 02915	City	State	Zip
Secretary Name			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert Yaffe			Director Name NONE		
Street Address 33 River St			Street Address		
City Riverside	State RI	Zip 02915	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"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value		
8000	Common	-0-			
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	Par Value		
100	Common	-0-			

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

FILED

APR 14 2005

By KMC

EC63256

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 Robert Yaffe Date

Print or Type Name of Officer President

Title of Officer

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY



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 1998

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporation ID No. <u>86633</u>		2. Name of Corporation <u>LIONHEART MKTG CORP</u>	
3. Street Address Principal Business Office <u>727 EAST AVE</u>		City <u>PAWUCKET</u>	State <u>Rhode Island</u>
4. Business Phone No. <u>401-726-2826</u>		5. State of Incorporation <u>Rhode Island</u>	
6. SIC Code <u>02860</u>			
7. Brief Description of the Character of Business Conducted in Rhode Island			
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>Robert Yaffe</u>		Vice President Name <u>NONE</u>	
Street Address <u>33 River St</u>		Street Address	
City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	City <u></u>
Secretary Name <u>NONE</u>		Treasurer Name <u>NONE</u>	
Street Address		Street Address	
City <u></u>	State <u></u>	Zip <u></u>	City <u></u>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <u>Robert Yaffe</u>		Director Name <u>NONE</u>	
Street Address <u>33 River St</u>		Street Address	
City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	City <u></u>
Director Name <u>NONE</u>		Director Name <u>NONE</u>	
Street Address		Street Address	
City <u></u>	State <u></u>	Zip <u></u>	City <u></u>
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			
Number of Shares <u>9000</u>	Class/Series <u>Common</u>	Par Value <u>-0-</u>	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES
Number of Shares <u>100</u>	Class/Series <u>Common</u>	Par Value <u>-0-</u>	

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

FILED
APR 14 2005

By Kmc

C 63254

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

Robert Yaffe

Date

Print or Type Name of Officer

PRESIDENT

Title of Officer

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY



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

1497

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporation ID No. 86633		2. Name of Corporation Lionheart MKTG (CORP)			
3. Street Address Principal Business Office 727 EAST AVE		City PAWTUCKET		State RI	Zip 02860
4. Business Phone No. 401 726 2826		5. State of Incorporation Rhode Island			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Retail / Restaurant					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert Yaffe			Vice President Name NONE		
Street Address 33 River St			Street Address		
City RIVERSIDE	State RI	Zip 02915	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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"/> AUTHORIZED SHARES					
Number of Shares 8000		Class/Series Common		Par Value - 0 -	
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares 100		Class/Series Common		Par Value - 0 -	

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

FILED

APR 14 2005

By KML

File Date	C 63254
Check No.	
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.

Signature of Officer

3/31/05

Date

Robert Yaffe

Print or Type Name of Officer

President

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 1996

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>86633</u>		2. Name of Corporation <u>LICORHART MKTG CORP</u>			
3. Street Address Principal Business Office <u>727 EAST AVE</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02860</u>	
4. Business Phone No. <u>401 726 2826</u>		5. State of Incorporation <u>RHODE ISLAND</u>			6. SIC Code <u>3079</u>
7. Brief Description of the Character of Business Conducted in Rhode Island <u>RESTAURANT</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Robert Yaffe</u>			Vice President Name <u>NONE</u>		
Street Address <u>33 River St</u>			Street Address		
City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	City	State	Zip
Secretary Name <u>NONE</u>			Treasurer Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>Robert Yaffe</u>			Director Name <u>NONE</u>		
Street Address <u>33 River St</u>			Street Address		
City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	City	State	Zip
Director Name <u>NONE</u>			Director Name <u>NONE</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares <u>8000</u>		Class/Series <u>Common - C</u>	Par Value		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares <u>100</u>		Class/Series <u>Common - C</u>	Par Value		

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

FILED

APR 14 2005

By [Signature]

663256

File Date _____

Check No. _____

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.

Signature of Officer [Signature] Date _____

Print or Type Name of Officer PROVIDENCE

Title of Officer