



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 02903-1331
401.222.3030

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. 88238		2. Name of Corporation VIRGIN FOODIE, INC.			
3. Street Address Principal Business Office 47 Morgan Avenue Unit 71			City Johnston	State RI	Zip 02919
4. Business Phone No 946-6383		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE, CONDUCT, MANAGE, MAINTAIN AND CARRY ON A RESTAURANT.					
8. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Virginia A. Weston			Vice President Name Virginia A. Weston		
Street Address 47 Morgan Avenue Unit 71			Street Address 47 Morgan Avenue Unit 71		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Virginia A. Weston			Treasurer Name Virginia A. Weston		
Street Address 47 Morgan Avenue Unit 71			Street Address 47 Morgan Avenue Unit 71		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Virginia A. Weston			Director Name		
Street Address 47 Morgan Avenue Unit 71			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
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 COMM 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 2-17-05
Check No. 8252
By: KB
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.
Virginia A. Weston 2-17-05
Signature of Officer Date
Virginia A. Weston
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 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 88238
2. Name of Corporation VIRGIN FOODIE, INC.
3. Street Address Principal Business Office 47 MORGAN AVENUE, UNIT 11
City JOHNSTON State RI Zip 02919
4. Business Phone No 4019466383
5. State of Incorporation RHODE ISLAND
6. SIC Code 3079

7. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE, CONDUCT, MANAGE, MAINTAIN AND CARRY ON A RESTAURANT.

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

President Name			Vice President Name		
Virginia A. Weston			Virginia A. Weston		
Street Address			Street Address		
47 Morgan Avenue Unit 71			47 Morgan Avenue Unit 71		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
Secretary Name			Treasurer Name		
Virginia A. Weston			Virginia A. Weston		
Street Address			Street Address		
47 Morgan Avenue Unit 71			47 Morgan Avenue Unit 71		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919

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

Director Name			Director Name		
Virginia A. Weston					
Street Address			Street Address		
47 Morgan Avenue Unit 71					
City	State	Zip	City	State	Zip
Johnston	RI	02919			
Director Name			Director Name		
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
1,000	COMM NO PAR VALUE	

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	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



8 8 2 3 8

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.

Virginia A. Weston 20-04
Signature of Officer Date
Virginia A. Weston
Print or Type Name of Officer
President
Title of Officer

88238 DBC 01/29/04 07:48:59 AM
File Date 3/3/04
Check No. 7439
By W
FOR SECRETARY OF STATE USE ONLY



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 **88238** 2. Name of Corporation **VIRGIN FOODIE, INC.**
3. Street Address Principal Business Office **47 Morgan Avenue Unit 71** City **Johnston** State **RI** Zip **02919**
4. Business Phone No **946-6383** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island
Operate, manage and conduct a restaurant business

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

President Name Virginia A. Weston	Vice President Name Virginia A. Weston
Street Address 47 Morgan Avenue Unit 71	Street Address 47 Morgan Avenue Unit 71
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919
Secretary Name Virginia A. Weston	Treasurer Name Virginia A. Weston
Street Address 47 Morgan Avenue Unit 71	Street Address 47 Morgan Avenue Unit 71
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919

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

Director Name Virginia A. Weston	Director Name
Street Address 47 Morgan Avenue Unit 71	Street Address
City Johnston State RI Zip 02919	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	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



* 8 8 2 3 8 *

File Date: 3-4-03

Check No.: 6598

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.

Virginia Weston 2-28-03
Signature of Officer Date

Virginia A. Weston

Print or Type Name of Officer

President

Title of Officer



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. **88238** 2. Name of Corporation **VIRGIN FOODIE, INC.**
3. Street Address Principal Business Office **c/o Virginia Weston** City **Johnston** State **RI** Zip **02919**
47 Morgan Avenue Unit 71
4. Business Phone No. **946-6383** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island
Operate, manage and conduct a restaurant business

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

President Name Virginia A. Weston	Vice President Name Virginia A. Weston
Street Address 47 Morgan Avenue Unit 71	Street Address 47 Morgan Avenue Unit 71
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919
Secretary Name Virginia A. Weston	Treasurer Name Virginia A. Weston
Street Address 47 Morgan Avenue Unit 71	Street Address 47 Morgan Avenue Unit 71
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919

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

Director Name Virginia A. Weston	Director Name
Street Address 47 Morgan Avenue Unit 71	Street Address
City Johnston State RI Zip 02919	City State Zip
Director Name	Director Name
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
1,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series 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



* 8 8 2 3 8 *

File Date: 2/14/02

Check No.: 5709

By: AB

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.

Virginia Weston 2-11-02
Signature of Officer Date

Virginia A. Weston
Print or Type Name of Officer

President



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. **88238** 2. Name of Corporation **VIRGIN FOODIE, INC.**
3. Street Address Principal Business Office **c/o Virginia Weston** City **Johnston** State **RI** Zip **02919**
47 Morgan Avenue Unit 71
4. Business Phone No. **946-6383** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island
Operate, manage and conduct a restaurant business

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

President Name Virginia A. Weston	Vice President Name Virginia A. Weston
Street Address 47 Morgan Avenue Unit 71	Street Address 47 Morgan Avenue Unit 71
City State Zip Johnston RI 02919	City State Zip Johnston RI 02919
Secretary Name Virginia A. Weston	Treasurer Name Virginia A. Weston
Street Address 47 Morgan Avenue Unit 71	Street Address 47 Morgan Avenue Unit 71
City State Zip Johnston RI 02919	City State Zip Johnston RI 02919

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

Director Name Virginia A. Weston	Director Name
Street Address 47 Morgan Avenue Unit 71	Street Address
City State Zip Johnston RI 02919	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000 SHS NO PAR COMMON		

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

ISSUED SHARES	Class/Series	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



* 8 8 2 3 8 *

FILED

MAR 05 2001

By *[Signature]*

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.

Virginia A Weston 1-2-2001
Signature of Officer Date
Virginia A. Weston

Print or Type Name of Officer
President



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. **88238** 2. Name of Corporation **VIRGIN FOODIE, INC.**
3. Street Address Principal Business Office **c/o Virginia Weston** City **Johnston** State **RI** Zip **02919**
47 Morgan Avenue Unit 71
4. Business Phone No. **946-6383** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island
Operate, manage and conduct a restaurant business

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

President Name Virginia A. Weston	Vice President Name Virginia A. Weston
Street Address 47 Morgan Avenue Unit 71	Street Address 47 Morgan Avenue Unit 71
City State Zip Johnston RI 02919	City State Zip Johnston RI 02919
Secretary Name Virginia A. Weston	Treasurer Name Virginia A. Weston
Street Address 47 Morgan Avenue Unit 71	Street Address 47 Morgan Avenue Unit 71
City State Zip Johnston RI 02919	City State Zip Johnston RI 02919

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

Director Name Virginia A. Weston	Director Name
Street Address 47 Morgan Avenue Unit 71	Street Address
City State Zip Johnston RI 02919	City State Zip
Director Name	Director Name
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
1,000 SHS	NO PAR COMMON	

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

ISSUED SHARES

Number of Shares	Class/Series	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 Trust



* 8 8 2 3 8 *

File Date: 3/2/00

Check No.: 3790

By: VAE

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.

Virginia Weston 2-7-200
Signature of Officer Date

Virginia A. Weston
Print or Type Name of Officer
President



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 02903-13
401-222-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 88238		2. Name of Corporation VIRGIN FOODIE, INC.	
3. Street Address Principal Business Office c/o Virginia Weston		City Johnston	State RI
47 Morgan Avenue Unit 71		Zip 02919	
4. Business Phone No. 946-6383		5. State of Incorporation RHODE ISLAND	
6. SIC Code 3079			

7. Brief Description of the Character of Business Conducted in Rhode Island
To operate, manage and conduct a restaurant business

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

President Name Virginia A. Weston			Vice President Name Virginia A. Weston		
Street Address 47 Morgan Avenue Unit 71			Street Address 47 Morgan Avenue Unit 71		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Virginia A. Weston			Treasurer Name Virginia A. Weston		
Street Address 47 Morgan Avenue Unit 71			Street Address 47 Morgan Avenue Unit 71		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919

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

Director Name Virginia A. Weston			Director Name		
Street Address 47 Morgan Avenue Unit 71			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
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
1,000 SHS NO PAR COMMON			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: Jan 28 1999
Check No.: 2716
By: JD

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.
Virginia A. Weston 1-10-99
Signature of Officer Date
Virginia A. Weston
Print or Type Name of Officer
President



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
401-277-3046



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 88238	2. Name of Corporation VIRGIN FOODIE, INC.
3. Street Address Principal Business Office c/o Virginia A. Weston 47 Morgan Ave., Unit 11	City Johnston State RI Zip 02919
4. Business Phone No. (401) 946-6383	5. State of Incorporation RHODE ISLAND 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
To operate, manage and conduct a restaurant business.

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

President Name Virginia A. Weston	Vice President Name Virginia A. Weston
Street Address 47 Morgan Ave., Unit 11	Street Address 47 Morgan Ave., Unit 11
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919
Secretary Name Virginia A. Weston	Treasurer Name Virginia A. Weston
Street Address 47 Morgan Ave., Unit 11	Street Address 47 Morgan Ave., Unit 11
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919

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

Director Name Virginia A. Weston	Director Name
Street Address 47 Morgan Avenue, Unit 11	Street Address
City Johnston State RI Zip 02919	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR COMMON			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: 3.18.97
Check No.: 1070
By: ICP

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.

Virginia A. Weston 1-24-97
Signature of Officer Date
Virginia A. Weston
Print or Type Name of Officer
President