



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 IN BLACK)

1. Corporate ID No. 72139		2. Name of Corporation The Corporate Cafe, Inc.			
3. Street Address Principal Business Office 40 WESTMINSTER STREET			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 4015213877		5. State of Incorporation RHODE ISLAND			6. SIC Code 3081
7. Brief Description of the Character of Business Conducted in Rhode Island CONDUCT A NEWSSTAND BUSINESS TO SELL VARIOUS ITEMS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Brian daLuz		Vice President Name Jeanne daLuz			
Street Address One Marne Street		Street Address One Marne Street			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Jeanne daLuz		Treasurer Name Jeanne daLuz			
Street Address One Marne Street		Street Address One Marne Street			
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 None		Director Name			
Street Address		Street Address			
City	State	Zip	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
8,000	COMM \$1.00 PAR VALUE		100	Common	\$1.00

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



72139 DBC 12/27/04 06:48:12 PM

File Date 2/24/05

Check No. 7919

By: VA

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 Brian daLuz Date 1-3-09

Print or Type Name of Officer PRESIDENT

Title of Officer 1



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. 72139		2. Name of Corporation The Corporate Cafe, Inc.			
3. Street Address Principal Business Office 40 WESTMINSTER STREET			City PROVIDENCE	State RI	Zip 02903
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7. Brief Description of the Character of Business Conducted in Rhode Island CONDUCT A NEWSSTAND BUSINESS TO SELL VARIOUS ITEMS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Brian daLuz		Vice President Name Jeanne daLuz			
Street Address One Marne Street		Street Address One Marne Street			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Jeanne daLuz		Treasurer Name Jeanne daLuz			
Street Address One Marne Street		Street Address One Marne Street			
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 None		Director Name			
Street Address		Street Address			
City	State	Zip	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"/> AUTHORIZED SHARES					
Number of Shares			Class/Series		
8,000 COMM \$1.00 PAR VALUE			Par Value		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series		Par Value	
100		Common		\$1.00	

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



72139 DBC 01/05/04 04:07:14 PM

File Date **RECEIVED**

Check No. **JAN 22 2004**

By: **KIP6519**

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.

Brian daLuz 1-20-09

Signature of Officer Date

Brian daLuz

Print or Type Name of Officer

PRESIDENT

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *72139*		2. Name of Corporation The Corporate Cafe, Inc.			
3. Street Address Principal Business Office 40 WESTMINSTER STREET			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 4015213877		5. State of Incorporation RHODE ISLAND		6. SIC Code 3081	
7. Brief Description of the Character of Business Conducted in Rhode Island CONDUCT A NEWSSTAND BUSINESS TO SELL VARIOUS ITEMS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Brian daLuz		Vice President Name Jeanne daLuz			
Street Address One Marne Street		Street Address One Marne Street			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Jeanne daLuz		Treasurer Name Jeanne daLuz			
Street Address One Marne Street		Street Address One Marne Street			
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 None		Director Name			
Street Address		Street Address			
City	State	Zip	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
8,000	COMM	\$1.00 PAR VALUE	100	Common	\$1.00

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



* 7 2 1 3 9 *

72139 DBC1/10/039:35:45 AM
File Date 1-23-03
Check No. 4948
By: VP
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] Date 1-21-03
Signature of Officer
Brian daLuz
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. **72139** 2. Name of Corporation **The Corporate Cafe, Inc.**
3. Street Address Principal Business Office **40 Westminster Street** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **401-521-3877** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3081**

7. Brief Description of the Character of Business Conducted in Rhode Island
News Stand, Business and General Merchandising

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

President Name Brian daLuz	Vice President Name Jeanne daLuzz
Street Address One Marne Street	Street Address One Marne Street
City State Zip Johnston RI 02919	City State Zip Johnston RI 02919
Secretary Name Jeanne daLuz	Treasurer Name Jeanne daLuz
Street Address Same	Street Address Same
City State Zip State Zip	City State Zip State Zip

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

Director Name None	Director Name
Street Address	Street Address
City State Zip	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
8,000 COMM \$1.00 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 Common \$1.00

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



* 7 2 1 3 9 *

1-7-02

File Date: _____

Check No: 3023

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] 1-2-02
Signature of Officer Date

BRIAN DALUZ
Print or Type Name of Officer

PRESIDENT
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. **72139** 2. Name of Corporation **The Corporate Cafe, Inc.**

3. Street Address Principal Business Office **40 Westminster Street** City **Providence** State **RI** Zip **02903**

4. Business Phone No. **401-521-3877** 5. State of Incorporation **RHODE ISLAND** 6. ~~3681~~

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

News Stand, Business and General Merchandising

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

President Name Brian daLuz Street Address One Marne Street City Johnston State RI Zip 02919	Vice President Name Jeanne daLuz Street Address One Marne Street City Johnston State RI Zip 02919
Secretary Name Jeanne daLuz Street Address Same City _____ State _____ Zip _____	Treasurer Name Jeanne daLuz Street Address Same City _____ State _____ Zip _____

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

Director Name None Street Address None City _____ State _____ Zip _____	Director Name None Street Address None City _____ State _____ Zip _____
Director Name None Street Address None City _____ State _____ Zip _____	Director Name None Street Address None City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	8,000 SHS	COMM	\$1.00 PAR

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	\$1.00

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



* 7 2 1 3 9 *

File Date: 1/31

Check No.: 34508

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: [Signature] Date: 1-28-01
Print or Type Name of Officer: Brian daLuz
Title 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. **72139** 2. Name of Corporation **The Corporate Cafe, Inc.**
3. Street Address Principal Business Office **40 Westminster Street** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **401-521-3877** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3081**

7. Brief Description of the Character of Business Conducted in Rhode Island
News Stand, Business and General Merchandising

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

President Name Brian daLuz	Vice President Name Jeanne daLuz
Street Address One Marne Street	Street Address One Marne Street
City State Zip Johnston RI 02919	City State Zip Johnston RI 02919
Secretary Name Jeanne daLuz	Treasurer Name Jeanne daLuz
Street Address One Marne Street	Street Address One Marne Street
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 None	Director Name
Street Address	Street Address
City State Zip	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
	8,000 SHS COMM	\$1.00 PAR	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	Common	\$1.00

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



* 7 2 1 3 9 *

File Date: 12/30/99
Check No.: 32837
By: Gan

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: 12/27/99
Print or Type Name of Officer: Brian daLuz
Title of Officer: PRESIDENT



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. 72139		2. Name of Corporation The Corporate Cafe, Inc.		
3. Street Address Principal Business Office 40 Westminster Street		City Providence	State RI	Zip 02903
4. Business Phone No. 401-521-3877		5. State of Incorporation RHODE ISLAND		6. SIC Code 3081
7. Brief Description of the Character of Business Conducted in Rhode Island News Stand, Business and General Merchandising.				
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Brian daLuz		Vice President Name Jeanne daLuz		
Street Address One Marne Street		Street Address One Marne Street		
City Johnston	State RI	Zip 02919	City Johnston	Zip 02919
Secretary Name Jeanne daLuz		Treasurer Name Jeanne daLuz		
Street Address One Marne Street		Street Address One Marne Street		
City Johnston	State RI	Zip 02919	City Johnston	Zip 02919
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		
Street Address		Street Address		
City	State	Zip	City	Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	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	Par Value
8,000 SHS COMM	\$1.00 PAR		100	\$1.00

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



* 7 2 1 3 9 *

File Date: 1-13-99

Check No.: 31239

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: [Signature] Date: 1-8-99
Print or Type Name of Officer: Brian daLuz
Title of Officer: PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 72139 2. Name of Corporation The Corporate Cafe, Inc.

3. Street Address Principal Business Office 40 Westminster Street Providence, RI 02903
4. Business Phone No. 401-521-3877 5. State of Incorporation RHODE ISLAND 6. SIC Code 3081
7. Brief Description of the Character of Business Conducted In Rhode Island
Newsstand business and general merchandising.

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

President Name Brian daLuz Street Address One Marne Street City State Zip Johnston RI 02919	Vice President Name Jeanne daLuz Street Address One Marne Street City State Zip Johnston RI 02919
Secretary Name Jeanne daLuz Street Address One Marne Street City State Zip Johnston RI 02919	Treasurer Name Jeanne daLuz Street Address One Marne Street City State Zip Johnston RI 02919

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

Director Name None Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
8,000 SHS	COMM	\$1.00 PAR

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

ISSUED SHARES	Class/Series	Par Value
100	Common	\$1.00

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



* 7 2 1 3 9 *

File Date: 1-13-98
Check No.: 21566
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] 1-8-97
Signature of Officer Date
BRIAN DALUZ
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. **72139** 2. Name of Corporation **The Corporate Cafe, Inc.**
3. Street Address Principal Business Office **40 Westminster Street** City **Providence** State **RI** Zip **02903**
4. Business Phone No. **401-521-3877** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3081**

7. Brief Description of the Character of Business Conducted in Rhode Island
Newsstand business and general merchandising.

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

President Name Brian daLuz Street Address One Marne Street City Johnston State RI Zip 02919	Vice President Name Jeanne daLuz Street Address One Marne Street City Johnston State Ri Zip 02919
Secretary Name Jeanne daLuz Street Address One Marne Street City Johnston State RI Zip 02919	Treasurer Name Jeanne daLuz Street Address One Marne Street City Johnston State RI Zip 02919

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

Director Name None Street Address City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____
Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ 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
8,000	COMMON	\$1.00	100	Common	\$1.00

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

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.

File Date: 1-22-97

Check No.: 3197

By: [Signature]

Signature of Officer [Signature] Date 1-15-97

Print or Type Name of Officer BRIAN DALUZ

Title of Officer PRESIDENT

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO 72139		2. NAME OF CORPORATION The Corporate Cafe, Inc.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE One Marne Street		CITY Johnston	STATE RI	ZIP CODE 02919
4. BUSINESS PHONE NO (401) 521-3877	5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 3081	

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Newsstand business and general merchandising

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Brian daLuz			VICE PRESIDENT NAME Jeanne daLuz		
STREET ADDRESS One Marne Street			STREET ADDRESS One Marne Street		
CITY Johnston	STATE RI	ZIP CODE 02919	CITY Johnston	STATE RI	ZIP CODE 02919
SECRETARY NAME Jeanne daLuz			TREASURER NAME Jeanne daLuz		
STREET ADDRESS One Marne Street			STREET ADDRESS One Marne Street		
CITY Johnston	STATE RI	ZIP CODE 02919	CITY Johnston	STATE RI	ZIP CODE 02919

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME None			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000	SHS COMM	\$1.00 PAR	100	Common	\$1.00

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

File Date: 2/20/96
Check No: 3947
By: [Signature]

Signature of Officer: [Signature]
Print or Type Name of Officer: Jeanne M daLuz
Title of Officer: Vice President
Date: _____



ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00
 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0072139 Annual Report for the year: 1995

Name of Corporation: The Corporate Cafe, Inc.

Business entity organized under the laws of the State of Rhode Island
 For foreign entity, address and telephone number of principal office:
 Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
One Marne Street
Johnston, RI 02919
 Phone: (401) 521-3877
 Brief statement of the character of business conducted in Rhode Island:
Newsstand business,
general merchandising.

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Brian daLuz	One Marne Street	Johnston, RI	02919
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Jeanne daLuz	One Marne Street	Johnston, RI	02919
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Jeanne daLuz	One Marne Street	Johnston, RI	02919
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Jeanne daLuz	One Marne Street	Johnston, RI	02919

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
8,000	Common	100	Common

Date MARCH 3, 1995
 By: Brian daLuz
BRIAN DALUZ
 PRINT OR TYPE NAME OF OFFICER SIGNING
PRESIDENT
 TITLE OF OFFICER SIGNING

Form 31 1/95
DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

CHARLES S. SOKOLOFF
 68 CUMBERLAND ST, 300 PLAZA CENTER
 WOONSOCKET RI 02895

CH # 01976 MAR

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC Sept. 1 - Nov. 1
CORP. Jan. 1 - March 1

PLP CK # 413
850.

Corporate ID: 0072139 Annual Report for the year: 1994

Name of Business Entity: The Corporate Cafe, Inc.

Business entity organized under the laws of the State of: Rhode Island
Federal Taxpayer Identification Number: [REDACTED]
For foreign entity, address and telephone number of principal office:
N/A
Phone: ()
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
40 Westminister Street
Providence, RI 02903
Phone: (401) 521-3877

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)
 Limited Liability Company (See RIGL 7-16)
Name, title and mailing address of contact person to whom communications may be directed:
Charles S. Sokoloff, registered agent
68 Cumberland Street
Woonsocket, RI 02895
Brief statement of the character of business conducted in Rhode Island:
newstand business, general merchandising
Date of Organization: 4/13/93
Date of Qualification to do business in Rhode Island (if foreign entity):
N/A

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) <u>Brian daLuz</u>	<u>One Marne Street</u>	<u>Johnston, RI</u>	<u>02919</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One) <u>Jeanne daLuz</u>	<u>One Marne Street</u>	<u>Johnston, RI</u>	<u>02919</u>
<input type="checkbox"/> CLERK OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) <u>Jeanne daLuz</u>	<u>One Marne Street</u>	<u>Johnston, RI</u>	<u>02919</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) <u>Jeanne daLuz</u>	<u>One Marne Street</u>	<u>Johnston, RI</u>	<u>02919</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>8,000</u>	NUMBER <u>100</u>
CLASS <u>common</u>	CLASS <u>common</u>
SERIES	SERIES
PAR VALUE OR WITHOUT PAR <u>\$1.00</u>	PAR VALUE OR WITHOUT PAR <u>\$1.00</u>

Date MARCH 2 19 94 By Brian daLuz
BRIAN daLUZ
PRINT OR TYPE NAME OF OFFICER SIGNING
PRESIDENT
TITLE OF OFFICER SIGNING

Form 31 1/94
DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

CHARLES S. SOKOLOFF
68 CUMBERLAND ST, 300 PLAZA CENTER
WOONSOCKET RI 02895

FILED
MAR 21 1994
By ME59