



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. 135240		2. Name of Corporation PROVIDENCE DISCOUNT STORE, INC.			
3. Street Address Principal Business Office 300 Barton Street #1			City Pawtucket	State RI	Zip 02860
4. Business Phone No.		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island THE OWNERSHIP, LEASING AND MANAGEMENT OF DISCOUNT STORES AND RETAIL OUTFITS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Cassey Schneider			Vice President Name		
Street Address 1214 Hartford Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name			Treasurer Name Khawla Abdalla		
Street Address			Street Address 1214 Hartford Avenue		
City	State	Zip	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 Cassey Schneider			Director Name Khawla Abdalla		
Street Address 1214 Hartford Avenue			Street Address 1214 Hartford Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1.00.	No.	No par value
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED 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



File Date 7-6-05
Check No. 1191
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] 2/20/05
Signature of Officer Date
CASSEY SCHNEIDER
Print or Type Name of Officer
President
Title of Officer



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1. Corporate ID No. 135240		2. Name of Corporation PROVIDENCE DISCOUNT STORE, INC.			
3. Street Address Principal Business Office 300 BARTON STREET			City PAWTUCKET	State RI	Zip 02860
4. Business Phone No. 4017269246		5. State of Incorporation RI			6. SIC Code 5884
7. Brief Description of the Character of Business Conducted in Rhode Island DISCOUNT RETAIL STORE					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) (Fill in spaces before using attachments)					
President Name CASEY SCHNEIDER			Vice President Name CASEY SCHNEIDER		
Street Address 1214 HARTFORD AVE			Street Address 1214 HARTFORD AVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name			Treasurer Name KHAWLA ABDALLA		
Street Address			Street Address 1214 HARTFORD AVE		
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 CASEY SCHNEIDER			Director Name		
Street Address 1214 HARTFORD AVE			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
1000	NO PAR	0	200	NO PAR	0

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

FILED

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

OCT 20 2004
By M47835
KMC

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.

Casey Schneider 10-16-04
Signature of Officer Date
CASEY M Schneider
Print or Type Name of Officer
President
Title of Officer