



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. 121742		2. Name of Corporation THE GRIND, INC.			
3. Street Address Principal Business Office 1041 Park Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. 4019428614		5. State of Incorporation RHODE ISLAND			6. SIC Code 3095
7. Brief Description of the Character of Business Conducted in Rhode Island THE RETAIL BUSINESS OF SELLING COFFEE AND RELATED ITEMS					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dean Albanese			Vice President Name Dean Albanese		
Street Address 10 Steeple Lane			Street Address 10 Steeple Lane		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Dean Albanese			Treasurer Name Dean Albanese		
Street Address 10 Steeple Lane			Street Address 10 Steeple Lane		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
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	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



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121742 DBC 03/25/05 3:31 PM

FILED

File Date MAR 25 2005 2790

Check No. 1016

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] 10/24/05
Signature of Officer Date
Dean Albanese
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
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100 North Main Street, Providence, RI 02903-1335
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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. 121742		2. Name of Corporation THE GRIND, INC.				
3. Street Address Principal Business Office 189 Central Avenue			City Johnston	State RI	Zip 02919	
4. Business Phone No. 401 942-8614		5. State of Incorporation Rhode Island			6. SIC Code 3095	
7. Brief Description of the Character of Business Conducted in Rhode Island The Retail Business of Selling Coffee and Related Items						
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name Dean Albanese			Vice President Name Dean Albanese			
Street Address 189 Central Avenue			Street Address 189 Central Avenue			
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 029219	
Secretary Name Dean Albanese			Treasurer Name Dean Albanese			
Street Address 189 Central Avenue			Street Address 189 Central Avenue			
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	No Par Value	Common	No Par	100	Common	No Par

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



1 2 1 7 4 2

File Date 3/1/04
Check No. 2183
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] 1/7/04
Signature of Officer Date
Dean Albanese
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. *121742*	2. Name of Corporation THE GRIND, INC.		
3. Street Address Principal Business Office 189 Central Avenue		City Johnston	State RI
4. Business Phone No.	5. State of Incorporation RHODE ISLAND		6. SIC Code 3095
7. Brief Description of the Character of Business Conducted in Rhode Island THE RETAIL BUSINESS OF SELLING COFFEE AND RELATED ITEMS			

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

President Name Dean Albanese	Vice President Name Dean Albanese
Street Address 189 Central Avenue	Street Address 189 Central Avenue
City Johnston	City Johnston
State RI	State RI
Zip 02919	Zip 02919
Secretary Name Dean Albanese	Treasurer Name Dean Albanese
Street Address 189 Central Avenue	Street Address 189 Central Avenue
City Johnston	City Johnston
State RI	State RI
Zip 02919	Zip 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	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
8,000	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



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**121742* 2/27/03 11:33:06 PM*

File Date 3-10-03

Check No 1681

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] 2/27/03
Signature of Officer Date
Dean Albanese
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. **121742** 2. Name of Corporation **THE GRIND, INC.**
3. Street Address Principal Business Office **171 Alpine Estates Drive** City **Cranston** State **RI** Zip **02921**
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

Coffee Shop

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

President Name Dean Albanese Street Address 171 Alpine Estates Drive City Cranston State RI Zip 02921	Vice President Name Jessica Albanese Street Address 171 Alpine Estates Drive City Cranston State RI Zip 02921
Secretary Name Jessica Albanese Street Address 171 Alpine Estates Drive City Cranston State RI Zip 02921	Treasurer Name Dean Albanese Street Address 171 Alpine Estates Drive City Cranston State RI Zip 02921

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

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	Number of Shares	Class/Series	Par Value
	8,000 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



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File Date: 3-1-02

Check No.: 1107

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] Date 2/15/02

Dean Albanese
Print or Type Name of Officer

President