



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. <u>106844</u>		2. Name of Corporation <u>TAJBORE-FRANCHI CANTENEN INC</u>			
3. Street Address Principal Business Office <u>170 PANDALL ST.</u>			City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>
4. Business Phone No. <u>401-942-9716</u>		5. State of Incorporation <u>RHODE ISLAND</u>		6. SIC Code <u>0</u>	

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

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

President Name <u>JOSEPH D. ORIO</u>			Vice President Name <u>JOHN LOMBARDO</u>		
Street Address <u>7 GREENVIEW RD</u>			Street Address <u>29 RTARY DR</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02918</u>
Secretary Name <u>JOHN SIVO</u>			Treasurer Name <u>RICHARD S. IACUBUCK</u>		
Street Address <u>30 VIGILANT ST</u>			Street Address <u>34 ROSE ST</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>

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

Director Name <u>JOHN GUAGLIEMO</u>			Director Name <u>JOSEPH ACCIA</u>		
Street Address <u>25 ANIGHT ST</u>			Street Address <u>38 ANIGHT ST</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>
Director Name <u>RAYMOND CAMBIC</u>			Director Name		
Street Address <u>226 MACLEIN ST</u>			Street Address		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City	State	Zip

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

Number of Shares	Class Series	Par Value
<u>1000</u>	<u>NO PAR VALUE</u>	

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

Number of Shares	Class Series	Par Value
<u>NONE</u>		

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

FILED
File Date: OCT 06 2005
Check No.: 0278913
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: 10-6-05
Print or Type Name of Officer: RICHARD S. IACUBUCK
Title of Officer: TREASURER



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)

Form with sections 1-11: Corporate ID No (106844), Name of Corporation (Tabor-Franchi Canteen, Inc.), Street Address (170 RANDALL STREET, CRANSTON, RI, 02920), Business Phone No (401.942.9716), State of Incorporation (RHODE ISLAND), Brief Description of the Character of Business (TO OPERATE AND MAINTAIN A BAR SELLING LIQUOR TO THE GENERAL PUBLIC), Names and Addresses of Officers (President: JOSEPH DIORIO, Vice President: JOHN LOMBARDI, Secretary: JOHN SILVO, Treasurer: SALVATORE CAPIRCHIO), Names and Addresses of Directors (JOHN GIUGLIEMMO, JOSEPH POCIA, RAYMOND CAMBIO), Shares Authorized (1,000 NO PAR VALUE), Shares Issued (NONE).

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



* 1 0 6 8 4 4 *

File Date: 6/25/04
Check No: 1063
By: [Signature] SC
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: JOSEPH DIORIO
Title of Officer: PRES



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. **106844**
2. Name of Corporation **Tabor-Franchi Canteen, Inc.**
3. Street Address Principal Business Office
170 RANDALL ST.
4. Business Phone No. **401-828-5000** State of Incorporation **RHODE ISLAND**

City **CRANSTON** State **RI** Zip **02920**
6. SIC Code **0**

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

EATING & DRINKING ESTABLISHMENT

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

President Name **CRAIG PICERANUNZI**
Street Address **86 CARPENTER RD**
City **FOSTER** State **RI** Zip **02825**

Vice President Name **JOSEPH D. ORIO**
Street Address **7 GREENVIEW RD**
City **CRANSTON** State **RI** Zip **02920**

Secretary Name **JOHN SIVU**
Street Address **36 VIGILANT ST.**
City **CRANSTON** State **RI** Zip **02920**

Treasurer Name **SALVATORE CAPIRCHIO**
Street Address **67 CLEVELAND AVE.**
City **CRANSTON** State **RI** Zip **02920**

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

Director Name **JOSEPH POCCHIA**
Street Address **38 KNIGHT ST.**
City **CRANSTON** State **RI** Zip **02920**

Director Name **JOHN GUGLIENO**
Street Address **25 KNIGHT ST.**
City **CRANSTON** State **RI** Zip **02920**

Director Name **RAYMOND CAMBIO**
Street Address **226 MACKLIN ST.**
City **CRANSTON** State **RI** Zip **02920**

Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares **1,000** Class/Series **NO PAR VALUE** Par Value **NO PAR**

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

ISSUED SHARES
Number of Shares **1000** Class/Series **NO PAR** Par Value **NO PAR**

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



* 1 0 6 8 4 4 *

File Date: **3-31-03**
Check No: **1151**
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.

[Signature] **2/11/03**
Signature of Officer Date

Salvatore J. Capirchio
Print or Type Name of Officer

Treasurer
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. **106844**
2. Name of Corporation **Tabor-Franchi Canteen, Inc.**
3. Street Address Principal Business Office
170 RANDALL ST.
4. Business Phone No. **401-942-9716**
5. State of Incorporation **RHODE ISLAND**

City **CRANSTON** State **RI** Zip **02920**
6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
EATING & DRINKING EST.

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

President Name **William O'Donnell**
Street Address **349 PARKSIDE DR.**
City **WARWICK** State **RI** Zip **02888**

Vice President Name **Craig Pieranunzi**
Street Address **86 CARPENTER RD.**
City **FOSTER** State **RI** Zip **02820**

Secretary Name **John Sivo**
Street Address **36 VIGILANT ST.**
City **CRANSTON** State **RI** Zip **02920**

Treasurer Name **Salvatore Capirciu**
Street Address **67 CLEVELAND AVE.**
City **CRANSTON** State **RI** Zip **02920**

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

Director Name **Joseph Poccia**
Street Address **38 KNIGHT ST.**
City **CRANSTON** State **RI** Zip **02920**

Director Name **Anthony Gugliemo**
Street Address **200 ANGEL RD**
City **CRANSTON** State **RI** Zip **02920**

Director Name **John Gugliemo**
Street Address **25 KNIGHT ST.**
City **CRANSTON** State **RI** Zip **02920**

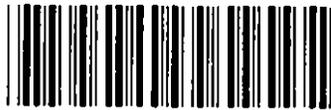
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

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

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

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

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



* 1 0 6 8 4 4 *

File Date 1-24-02
Check No. 2450
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.
Signature of Officer [Signature] Date 1-23-02
Print or Type Name of Officer John Sivo



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. **106844** 2. Name of Corporation **Tabor-Franchi Canteen, Inc.**

3. Street Address Principal Business Office **170 RANDALL ST.** City **CRANSTON** State **RI** Zip **02920**
4. Business Phone No. **401-942-9716** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island
Liquor & Beverage Sale - Retail

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

President Name William O' DONNELL Street Address 349 PARKSIDE DR City WARWICK State RI Zip 02888	Vice President Name CRAIG PIERANUNZI Street Address 86 CARPENTER RD. City FOSTER State RI Zip 02825
Secretary Name JOHN SIVO Street Address 36 VIGILANT ST. City CRANSTON State RI Zip 02920	Treasurer Name SALVATORE CAPIRICHIO Street Address 67 CLEVELAND AVE. City CRANSTON State RI Zip 02920

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

Director Name JOSEPH POCCIA Street Address 38 KNIGHT ST. City CRANSTON State RI Zip 02920	Director Name ANTHONY GUGLIEMO Street Address 200 ANGEL RD City CRANSTON State RI Zip 02920
Director Name JOHN GUGLIEMO Street Address 25 KNIGHT ST. City CRANSTON State R.I. Zip 02920	

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000	NO PAR VALUE	COMMON

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1000	COMMON	NO PAR

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



* 1 0 6 8 4 4 *

File Date: 4-11-01
Check No.: 4858
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.

Signature of Officer: [Signature] Date: 2-26-01
Print or Type Name of Officer: JOHN SIVO
Title of Officer: SEC.



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. **106844** 2. Name of Corporation **Tabor-Franchi Canteen, Inc.**
3. Street Address Principal Business Office _____ City _____ State _____ Zip _____
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

TO OPERATE AND MAINTAIN A BAR SELLING FOOD & LIQUOR TO THE GENERAL PUBLIC

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

President Name SALVATORE J. CAPIRCHIO Street Address 67 Cleveland Avenue City State Zip Cranston RI 02920 Secretary Name JOHN GUGLIELMO Street Address 25 Knight Street City State Zip Cranston RI 02920	Vice President Name ANTONIO GUGLIELMO Street Address 200 Angell Avenue City State Zip Cranston RI 02920 Treasurer Name JOSEPH POCCIA Street Address 38 Knight Street City State Zip Cranston RI 02920
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name _____ 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 _____
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
85 no par value

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



* 1 0 6 8 4 4 *

3/13/00

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 _____ Date _____

Print or Type Name of Officer _____

Title of Officer _____