

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3010

Matthew A. Brown, Secretary of State

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

PROFIT COR	PORATION ANNUAL REPORT FOR THE YEAR	2005	
Filing Period: January FORM MUST BE TYPED O	1 - March I • Filing Fee; \$50.00 . R PRINTED IN BIACK)		
L Corporate ID No.	2. Name of Corporation		
00047	1 121		

1. Corporate ID No.	2. Name of Corporation				
95347	Kingston Pizza	of West Warwick Inc.			
3 Street Address Principal Business C	Office		City	State	Zip
<u>40 Carriage</u>	e Lane		Kingston	RI	0288 1
4. Business Phone No.	-	5. State of Incorporation			6. SIC Code
401-782-6816		RHODE ISLAND			3079
7 Brief Description of the Chameter of PREPARATION AND SE	of Business Conducted in I	thode Island BEVERAGES.			
8. NAMES AND ADDRESSES President Name Campual		("X" BOX FOR ATTAC	CHMENT) FILL IN SI ! Vice President Name	PACES BEFORE USIN	IG ATTACHMENTS
Samuel	Sciabarrasi			Sciabarrasi	
Street Address			<u> </u>		
40 Carria	go Inno		Street Address 40 Ca:	rriage Lane	
City	State	Zip	City	State	7/0
Kingston	RI	02881			<i>Ζιρ</i> 02881
- syretary Name	. 	102001	Kingst on	lR.I	
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Clarent Autoliume		151	Street Address	ciab <u>arr</u> as <u>i</u>	
40 Carriage Lane				riage Lane	
City	State	Zip	: City	State	Zip
·	RI	02881	Kingston	i	02881
9. NAMES AND ADDRESSES	OF THE DIRECTOR			RI SPACES BEFORE US	ING ATTACHMENTS
Director Name		•	Director Name		
					1
Street Address			Street Address		
			•		
City	State	Zip _	Clly	State	Zip
••••	1	1	•		
Director Name		•	Director Name	•••••••	
Since Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*2	X" BOX FOR ATTAC	HMENT) 🗌
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			200		
			200		no par va
	<u>_</u>			<u> </u>	
This report must be s	signed in ink by cith	er the President, Vice Pr	resident, Secretary, Assistant	Secretary, Treasurer	Receiver or Trustee
j [] 					

File Date	1-11-05	
Check No	3526	
Ву:	2	
FOR	SECRETARY OF STATE USE ONLY	

Juder penalty of perjury. I declare and af neluding any accompanying schedules at	
contained herein are true and correct.	
And Sia	banen 1/6/C
ignature of Officer	Date
Ina Sciabar	rasi
Print or Type Namp of Officer	1
Vice Preside	<u>1 '</u>
Title of Officer	
	Form 630 Rev. 12/03



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, NJ 02903-1335 401.222.3040

'ROFTT CORP Illing Period: January 1 FORM MUST BE TYPEN OR F	- March 1 • Fi	ling Fee: \$50.00	RT FOR THE YEA	AR2004	<u> </u>	
1. Carpomic ID No.	2 Name of Corpora	tion				
95347	Kingston Piz	za of West Warwick Inc.				
Street Address Principal Busin 40 Carriage	Lane		Kingston	State RI	02881	
Business Phone No. 401-782-6816	- 5	5. State of Incorporation	1		6. SIC Code	
Brief Description of the Chara		RHODE ISLAND)		3079	
PREPARATION AND NAMES AND ADDRESS resident Name	SELLING OF FOOD A SES OF THE OFFICE	ND BEVERAGES.	TACHMENT) [FILL IN	SPACES BEFORE USING	G ATTACHMENTS	
Samuel R Sci	iabarrasi		Ina M Sciaba	rrasi		
40 Carriage	Lane		Sircei Address 40 Carriage	Lane		
Wy Kingston	State R I.	2ip 02881	City	State R I	<i>zip</i> 02881	
centary Name	KI		Kingston Treasurer Name		1 02001	
Ina M Sciaba	arrasi		Samuel R Sci	abarrasi		
40 Carriage	Lane		Sirrei Address 40 Carriage	Lane		
Kingston	State RI	24p 02881	Ciny Ringston	State R I	^{Zip} 02881	
. NAMES AND ADDRESS	,	1	:		. !	
Frector Name NONE	old of the Direct	OHS. (A BOAFOR A	Director Name	III JIACES BEFORE USII	NG ALLACHMENIS	
Irrei Address			Street Address			
			-			
ity	State	ZΨ	City	State	Zip	
Director Name	·····	·····J	Director Name			
ireet Address		<u>.</u>	Street Address			
My	State	Ztp	City	State	Zip	
O. SHARES AUTHORIZE UTHORIZED SHARES	 ED <i>("X" BOX FOR A</i>	TTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACH	IMENT)	
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value	
600 NO PAR VALUE			200	Common	No Dar	
		 ·	200.	Common	No Par	
		<u> </u>				
This report must	be signed in ink by a	either the President, Vice	President, Secretary, Assis	tant Secretary, Treasurer,	Receiver or Trustee	
	- 9-5-3-4-7	 - * →	including any acco	erjury, I declare and affirm thempanying schedules and sta		
File Date	Volou	_	- (ran	Tiabana	2-4-200	
Check No	3/94		Signature of Officer Ina M Sci		Date	
Ву:	Se	_	Print or Type Name Vice Pres	of Officer		
FOR SECRETARY OF	F STATE USE ONLY		Title of Officer			

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00



FORM MUST BE TYPED OR I 1. Corporate ID No.	PRINTED IN BLACK) 2. Name of Corpore	atton			
95347 3. Street Address Principal Bus		on Pizza of We	st Warwick Inc	State	Zip
40 Carriage 1 4. Business Phone No.	Lane	5. State of Incorporation	Kingston	RI	02881 6. SIC Code
(401)782-6810 7. Brief Description of the Cha Pizza Restaut	tracter of Business Conducted	Rhode Isl In Rhode Island	and		3079
8. NAMES AND ADD President Name	RESSES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
Samuel R Scia Street Address	abarrasi		Ina M Sciaba Street Address	rrasi	
40 Carriage 1	Lane State	Zip	40 Carriage	Lane State	Zip
Kingston Secretary Name	RI	02881	Kingston Treasurer Name	RI	02881
Ina M Sciaba: Street Address	rrasi		Samuel R Sci	abarrasi	
40 Carriage 1	Lane		40 Carriage	Lane	
City	State	Zip	City	State	Zip
Kingston 9. NAMES AND ADD Director Name	RI RESSES OF THE DIR	02881 ECTORS (*x* BOX FOR AT	Kingston TACHMENT) FILL IN SPAC Director Name	RI ES BEFORE USING AT	02881 FACHMENTS
Samuel R Scia Street Address	abarrasi		Ina M Sciaba Street Address	rrasi	
40 Carriage I	Lane State	Zip	40 Carriage	Lane State	Zip
Kingston Director Name	RI	02881	Kingston Director Name	RI	02881
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR AUTHORIZZE) SHARES	RIZED (*X* BOX FOR ATT	FACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	רדי)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 Shs No Pa	ar Value		200	Common	No Par Valu

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

File Date: _	1.30.03	
Check No.:	2449	
Jy:	P	
	TARY 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 systements contained herein are true and correct.

Mafrabana 29-03

Signature of Officer Date
Ina M Sciabarrasi

Print or Type Name of Officer

rint ar Type Name of Officer Vice President



Form 630 12/02

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BI					TASTROCTION
1. Corporate ID No.					
=	2. Name of Corporation	n			
95347	Kingston Pizza	of West Warwick Inc.			
3. Street Address Principal Busine	ss Office		City	State	Zip
40 Carriage	Lane		Kingston	RI	02881
4. Rusiness Phone No.		5. State of Incorporation	,		6. SIC Code
(401) $782-6$ 7. Brief Description of the Character		RHODE ISLAND			3079
Pizza Resta					
8. NAMES AND ADDRE		ERS ("X" BOX FOR ATTACH	IMENT) FILL IN SPACES E	BEFORE USING ATTAC	HMENTS
Samuel R Sc.	iabarrasi		Ina M Sciaba	arraci	
Street Address			Street Address	11431	
40 Carriage	Lane		40 Carriage	Lane	
City	State	Zip	City	State	Zip
Kingston	ŔI	02881	Kingston	RI	02881
Secretary Name	•	******	Treasurer Name	•	
Ina M Sciaba	arrasi		Samuel R Sci	labarrasi	
40 Carriage	Lane		40 Carriage		
City	State	Zip	City	State	Zip
Kingston	RI	02881	Kingston	RI	02881
9. NAMES AND ADDRE Director Name	SSES OF THE DIREC	TORS ("X" BOX FOR ATTA	-	S BEFORE USING ATTA	•
Samuel R Sc:	iabarrasi		Ina M Sciaba	arrasi	
40 Carriage	Lane		Street Address	T = = =	
	State	Zip 0000	40 Carriage	Lane	- .
^{City} Kingston	RI	02881	: Kingston	RI	^{Zip} 02881
Director Name	• • • • • •		Director Name	•	
Street Address			Street Address		
City	State	Z(p	Сну	State	Zip
10. SHARES AUTHORIZI AUTHORIZED SHARES	ED ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED ("X	(* BOX FOR ATTACHMENT,	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			200	Common	No Par Value

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



FIRE Date: 3/1.5/02

Check No.: 15/6

By: 18

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.

Alsa M Suatares 20-200

<u>Ina M Sciabarrasi</u>

Print or Type Name of Officer

Vice President

Title of Officer

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

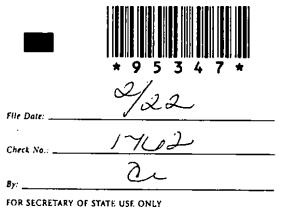
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001



 , , .	 	\$50.00

(FORM)	AUST BE TYPED IN BLA	CK)				
1. Corpor	ate ID No. 95347	2. Name of Corpora Kingston	_{tion} Pizza of West Wa	rwick Inc.	•	
3. Street	Address Principal Business	Office		City	State	ZIp
	40 Carria	ge Lane		Kingston	RI	02881
4. Busine	ss Phone No. (401) 782	-6816	5. State of Incorporation RHODE ISLANI			6. SIC Code 3079
7. Brief D	escription of the Character Pizza Res		n Rhode Island			
8. NAN	AES AND ADDRES	SES OF THE OFFI	CERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES I	BEFORE USING ATTAC	CHMENTS
President	Nome	Sciabarras		Vice President Name Ina M Sciaba:	rrasi	
Street Add	^{fress} 40 Carria	ge Lane		Suegraddies Carriage	Lane	
City		State	Zip	City	State	Zip
Secretary .	Kingston	RI	02881	Kingston Treasurer Name	RI	02881
Street Add		•		Samuel R Sci	abarrasi.	
	40 Carria	ge Lane		40 Carriage	Lane	
City		State	Zip	City	State	Zip
	Kingston	RI	02881	Kingston	RI	02881
9. NAN Director N		SES OF THE DIRI	ECTORS ("X" BOX FOR ATT.	ACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTA	ACHMENTS
Street Add		Sciabarras	i	Ina M. Scia Street Address	barrasi	
	40 Carria	ge Lane		40 Carriag	e Lane	
City		State	Zip	City	State	Zip
Director N	Kingston Same	RI	02881	Kingston Director Name	RI	02881
Street Add	liess			Street Address		
City		State	Zip	City	State	Zip
	ARES AUTHORIZEI	O (*X* BOX FOR ATT,	ACHMENT)	11. SHARES ISSUED (*.	X* BOX FOR ATTACHMENT	r) .
Number o	f Shares	Class/Series	Par Value	· Number of Shares	Class/Serles	Par Value
600	NO PAR VALUE			200	Common	NoPar Value
Til. t						• -

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 conspined herein are true and correct.

Month Ginlancer Signature of Officer

2-20-01

Too M. Coi al

Ina M Sciabarrasi

Print or Type Name of Officer Vice President

Title of Officer

C., 230 1380



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 95347 KINGSTON PIZZA OF WEST WARWICK, INC. 3. Street Address Principal Business Office State ZIP 02881 40 CARRIAGE LANE KINGSTON RI 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 782-6816 3079 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island PIZZA RESTAURANT 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) _ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name INA M. SCIABARRASI SAMUEL R. SCIABARRASI Street Address Street Address 40 CARRIAGE LANE 40 CARRIAGE LANE Tzip State City KINGSTON 02881 RI 02881 RI KINSGTON Secretary Name Treasurer Name INA M. SCIABARRASI SAMUEL R. SCIABARRASI Street Address Street Address 40 CARRIAGE LANE 40 CARRIAGE LANE State 02881 02881 KINGSTON KINGSTON RI RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name SAMUEL R. SCIABARRASI INA M. SCIABARRASI Street Address Street Address _ 40 CARRIAGE LANE 40 CARRIAGE LANE ZIP City KINGSTON 02881 KINGSTON RI 02881 RI Director Name Director Name Street Address Street Address City 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSURED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 600 NO PAR VALUE 200 COMMON NO PAR VALUE

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

	<i>P</i> 1-11	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:	3/7/00	Sra Syjabanesi 3-1-00
Check No.:	1673	Signature of Officer Date
By:	2.	In a Sciabarrasi Print or Type Name of Officer
FOR SECRETARY OF	F STATE USE ONLY	Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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 195347 Kings	ton Pizza of West Warwic	k Inc.		
3. Street Address Principal Business Office 40 CARRIAGE LAN	JE	City - KINGSTON	State RI	02881
4. Business Phone No. (401) 782-6816	5 HHODE ISLAN	ND	•	3079
7. Brief Description of the Character of Business Con PIZZA RESTAURANT	iducted in Rhode Island	• • • • • • • • • • • • • • • • • • •	- -	*
8. NAMES AND ADDRESSES OF THE President Name SAMUEL R. SCIABA		CHMENT) FILL IN SPACES BEI	· -	CHMENTS
Street Address 40 CARRIAGE LANE	· • · - · · · · — — -	Street Address 40 CARRIAG		
KINGSTON State	Zip 02881	- L _{City} KINGSTON	T State RI	02881
Secretary Name INA M. SCIABARRAS	I	Treasurer Name	SCIABARRAS	•••••••
Street Address 40 CARRIAGE LANE		Street Address 40 CARRIAG	GE_LANE	
KINGSTON RI	21p 02881	City KINGSTON	State	21p 02881
9. NAMES AND ADDRESSES OF THE		: Director Name		ACHMENTS
SAMUEL R. SCIAB Street Address 40 CARRIAGE LAN		Street Address	IABARRASI_	
City State	ZIP	40_CARRIA	State	Zip
KINGSTON RI Director Name	02881	KINGSTON Director Name	.t RI	[02881
Street Address	· · · · -	Street Address		
City State	Zip	City	TState	Zip ——
10. SHARES AUTHORIZED ("X" BOX FO	OR ATTACHMENT)	11. SHARES ISSUED (*x*)	BOX FOR ATTACHMEN	
Number of Shares Class/Series	Par Value	Number of Shares	Class/Sertes	Par Value
600 NO PAR VALUE	- · · · · · · · · · · · · · · · · · · ·	200	COMMON	NO PAR VALUI
• • • •	· · · ·		† 	
This report must be signed in ink b	y either the President, Vice	President, Secretary, Assista	nt Secretary, Treas	urer, Receiver or Trustee
# (0.0)	8 8 8 8 8 9			

* 9 5 3 4 7 *	Under penalty of perjury, I declare and affirm that I have examined
Theck No.:	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Signature of Officer The Sciabarrasi Print or Type Name of Officer The of Officer Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

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

FORM MUST BE	TYPED IN	BLACK)
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1. Corporate ID No

2. Name of Corporation

95347

Kingston Pizza of West Warwick Inc.

3. Street Address Principal Business Office

40 CARRIAGE LANE

KINGSTON

State RI

02881

782-6816

5. State of Incorporation RHODE ISLAND 6. SIC Code 3079

naracter of Business Conducted in Rhode Island RESTAURANT

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

President Name

SAMUEL R. SCIABARRASI

Vice President Name

INA M. SCIABARRASI

Street Address

40 CARRIAGE LANE

Street Address

CARRIAGE LANE

KINGSTON

State RI

^{Zip}02881

KINGSTON

RT

02881

Secretary Name

INA M. SCIABARRASI

Treasurer Nam

SAMUEL R. SCIABARRASI

Street Address

40 CARRIAGE LANE

40 CARRIAGE LANE

CITY KINGSTON

RI

02881

KINGSTON

02881

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

Director Name

SAMUEL R. SCIABARRASI

Director Name

Street Address

INA M. SCIABARRASI

Street Address

40 CARRIAGE LANE

40 CARRIAGE LANE

City

KINGSTON

RI

02881

KINGSTON

RI

RI

02881

Director Name Director Name

Street Address

Street Address

City

State

City

State

Zip

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSURD SHARES Number of Shares

Class/Series

Par Value

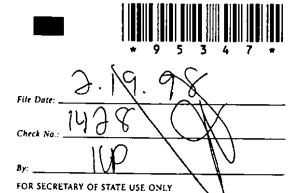
600 NO PAR VALUE

200

COMMON

NO PAR VALUE

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.