



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
401.222.5040

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. 95347		2. Name of Corporation Kingston Pizza of West Warwick Inc.			
3. Street Address Principal Business Office 40 Carriage Lane			City Kingston	State RI	Zip 02881
4. Business Phone No. 401-782-6816		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island PREPARATION AND SELLING OF FOOD AND BEVERAGES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Samuel Sciabarrasi			Vice President Name Ina Sciabarrasi		
Street Address 40 Carriage Lane			Street Address 40 Carriage Lane		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
Secretary Name Samuel Sciabarrasi			Treasurer Name Ina Sciabarrasi		
Street Address 40 Carriage Lane			Street Address 40 Carriage Lane		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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
600 NO PAR VALUE			200		no par value

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



File Date	1-11-05
Check No.	3526
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] 1/11/05
Signature of Officer Date
Ina Sciabarrasi
Print or Type Name of Officer
Vice President
Title of Officer



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)

1. Corporate ID No. 95347		2. Name of Corporation Kingston Pizza of West Warwick Inc.			
3. Street Address Principal Business Office 40 Carriage Lane			City Kingston	State RI	Zip 02881
4. Business Phone No. 401-782-6816		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island PREPARATION AND SELLING OF FOOD AND BEVERAGES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Samuel R Sciabarrasi			Vice President Name Ina M Sciabarrasi		
Street Address 40 Carriage Lane			Street Address 40 Carriage Lane		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
Secretary Name Ina M Sciabarrasi			Treasurer Name Samuel R Sciabarrasi		
Street Address 40 Carriage Lane			Street Address 40 Carriage Lane		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
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
600 NO PAR VALUE			200	Common	No Par

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



* 9 5 3 4 7 *

File Date 2/6/04
Check No. 3194
By: SE

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.

Ina M Sciabarrasi 2-4-2004
Signature of Officer Date

Ina M Sciabarrasi

Print or Type Name of Officer

Vice President

Title of Officer



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

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



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. 95347 2. Name of Corporation Kingston Pizza of West Warwick Inc
3. Street Address Principal Business Office 40 Carriage Lane City Kingston State RI Zip 02881
4. Business Phone No. (401)782-6816 5. State of Incorporation Rhode Island 6. SIC Code 3079
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
Samuel R Sciabarrasi	Ina M Sciabarrasi
Street Address	Street Address
40 Carriage Lane	40 Carriage Lane
City State Zip	City State Zip
Kingston RI 02881	Kingston RI 02881
Secretary Name	Treasurer Name
Ina M Sciabarrasi	Samuel R Sciabarrasi
Street Address	Street Address
40 Carriage Lane	40 Carriage Lane
City State Zip	City State Zip
Kingston RI 02881	Kingston RI 02881

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
City State Zip	City State Zip
Kingston RI 02881	Kingston RI 02881
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
600 Shs	No Par Value	

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

ISSUED SHARES		
Number of Shares	Class/Series	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

File Date: 1.30.03
Check No.: 2449
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] 29-03
Signature of Officer Date
Ina M Sciabarrasi
Print or Type Name of Officer
Vice President

Title of Officer
5



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

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

(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

40 Carriage Lane

City

Kingston

State

RI

Zip

02881

4. Business Phone No.

(401) 782-6816

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3079

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

Samuel R Sciabarrasi

Vice President Name

Ina M Sciabarrasi

Street Address

40 Carriage Lane

Street Address

40 Carriage Lane

City

Kingston

State

RI

Zip

02881

City

Kingston

State

RI

Zip

02881

Secretary Name

Ina M Sciabarrasi

Treasurer Name

Samuel R Sciabarrasi

Street Address

40 Carriage Lane

Street Address

40 Carriage Lane

City

Kingston

State

RI

Zip

02881

City

Kingston

State

RI

Zip

02881

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

Director Name

Samuel R Sciabarrasi

Director Name

Ina M Sciabarrasi

Street Address

40 Carriage Lane

Street Address

40 Carriage Lane

City

Kingston

State

RI

Zip

02881

City

Kingston

State

RI

Zip

02881

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

600 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

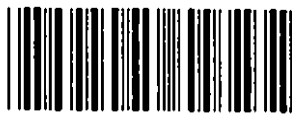
Par Value

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



* 9 5 3 4 7 *

File Date: 3/15/02

Check No.: 1516

By: TB

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.

Ina M Sciabarrasi -20-2002
Signature of Officer Date

Ina M Sciabarrasi
Print or Type Name of Officer

Vice President
Title of Officer

5



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

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



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. 95347		2. Name of Corporation Kingston Pizza of West Warwick Inc.			
3. Street Address Principal Business Office 40 Carriage Lane		City Kingston	State RI	Zip 02881	
4. Business Phone No. (401) 782-6816		5. State of Incorporation RHODE ISLAND		6. SIC Code 3079	
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 Samuel R Sciabarrasi		Vice President Name Ina M Sciabarrasi			
Street Address 40 Carriage Lane		Street Address 40 Carriage Lane			
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
Secretary Name Ina M Sciabarrasi		Treasurer Name Samuel R Sciabarrasi			
Street Address 40 Carriage Lane		Street Address 40 Carriage Lane			
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Samuel R Sciabarrasi		Director Name Ina M. Sciabarrasi			
Street Address 40 Carriage Lane		Street Address 40 Carriage Lane			
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
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
600 NO PAR VALUE			200	Common	NoPar Value

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



* 9 5 3 4 7 *

File Date: 2/22

Check No.: 1762

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.

Ina M Sciabarrasi 2-20-01
Signature of Officer Date

Ina M Sciabarrasi
Print or Type Name of Officer
Vice President
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 95347		2. Name of Corporation KINGSTON PIZZA OF WEST WARWICK, INC.			
3. Street Address Principal Business Office 40 CARRIAGE LANE		City KINGSTON	State RI	Zip 02881	
4. Business Phone No. (401) 782-6816		5. State of Incorporation RHODE ISLAND		6. SIC Code 3079	
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) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name SAMUEL R. SCIABARRASI		Vice President Name INA M. SCIABARRASI			
Street Address 40 CARRIAGE LANE		Street Address 40 CARRIAGE LANE			
City KINGSTON	State RI	Zip 02881	City KINGSTON	State RI	Zip 02881
Secretary Name INA M. SCIABARRASI		Treasurer Name SAMUEL R. SCIABARRASI			
Street Address 40 CARRIAGE LANE		Street Address 40 CARRIAGE LANE			
City KINGSTON	State RI	Zip 02881	City KINGSTON	State RI	Zip 02881
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name SAMUEL R. SCIABARRASI		Director Name INA M. SCIABARRASI			
Street Address 40 CARRIAGE LANE		Street Address 40 CARRIAGE LANE			
City KINGSTON	State RI	Zip 02881	City KINGSTON	State RI	Zip 02881
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>
AUTHORIZED SHARES			ISSUED 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

File Date: 3/7/00
Check No.: 1073
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] 3-1-00
Signature of Officer Date
Ina Sciabarrasi
Print or Type Name of Officer
V. Pres.
Title of Officer



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

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)

STOP
PLEASE READ
INSTRUCTIONS

1. Corporate ID No. 95347		2. Name of Corporation Kingston Pizza of West Warwick Inc.	
3. Street Address Principal Business Office 40 CARRIAGE LANE		City KINGSTON	State RI
4. Business Phone No. (401) 782-6816		5. State of Incorporation RHODE ISLAND	
6. SIC Code 3079		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 SAMUEL R. SCIABARRASI		Vice President Name INA M. SCIABARRASI	
Street Address 40 CARRIAGE LANE		Street Address 40 CARRIAGE LANE	
City KINGSTON	State RI	City KINGSTON	State RI
Zip 02881		Zip 02881	
Secretary Name INA M. SCIABARRASI		Treasurer Name SAMUEL R. SCIABARRASI	
Street Address 40 CARRIAGE LANE		Street Address 40 CARRIAGE LANE	
City KINGSTON	State RI	City KINGSTON	State RI
Zip 02881		Zip 02881	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name SAMUEL R. SCIABARRASI		Director Name INA M. SCIABARRASI	
Street Address 40 CARRIAGE LANE		Street Address 40 CARRIAGE LANE	
City KINGSTON	State RI	City KINGSTON	State RI
Zip 02881		Zip 02881	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares 600 NO PAR VALUE	Class/Series	Par Value	
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares 200	Class/Series COMMON	Par Value NO PAR VALUE	

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



* 9 5 3 4 7 *

File Date: 04-01-99
Check No.: 1970
By: SD

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.

Ina Sciabarrasi 3-1-99
Signature of Officer Date

Ina Sciabarrasi
Print or Type Name of Officer

V. Pres.
Title of Officer



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

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)

1. Corporate ID No. **95347** 2. Name of Corporation **Kingston Pizza of West Warwick Inc.**
3. Street Address Principal Business Office **40 CARRIAGE LANE** City **KINGSTON** State **RI** Zip **02881**
4. Business Phone No. **(401) 782-6816** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**
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)

President Name	SAMUEL R. SCIABARRASI	Vice President Name	INA M. SCIABARRASI
Street Address	40 CARRIAGE LANE	Street Address	40 CARRIAGE LANE
City	KINGSTON	City	KINGSTON
State	RI	State	RI
Zip	02881	Zip	02881
Secretary Name	INA M. SCIABARRASI	Treasurer Name	SAMUEL R. SCIABARRASI
Street Address	40 CARRIAGE LANE	Street Address	40 CARRIAGE LANE
City	KINGSTON	City	KINGSTON
State	RI	State	RI
Zip	02881	Zip	02881

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

Director Name	SAMUEL R. SCIABARRASI	Director Name	INA M. SCIABARRASI
Street Address	40 CARRIAGE LANE	Street Address	40 CARRIAGE LANE
City	KINGSTON	City	KINGSTON
State	RI	State	RI
Zip	02881	Zip	02881
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
600 NO PAR VALUE		

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

ISSUED SHARES		
Number of Shares	Class/Series	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



* 9 5 3 4 7 *

File Date: **2.19.98**
Check No.: **1428**
By: **IP**

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 **INA SCIABARRASI** Date **2-17-98**

Print or Type Name of Officer **INA SCIABARRASI**

Title of Officer **V. PRES.**