

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

(FORM MUST BE TYPED OR	<del></del>	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·
1. Corporate ID No. 94748	2. Name of Corporation SRI GANESH I				
3. Street Address Principal Bust 719 BALD	HELL ROAD A	=3 Subway	WARWIUK	State RhODE ISLAND	2886
	826 3910	5. State of Incorporation RHODE ISLAND			6. SIC Civile 7096
7. Brief Description of the Char RESTAURANT BUS	icler of Business Conducted in NESS.	t Rhode Island		<del>-</del>	
8. NAMES AND ADDRES President Name  JAYESH ARV			ACHMENT)   FILL IN	SPACES BEFORE USING AT	TTACHMENTS
Stret Address 1143 MAIN	ANENUE UNI	r # /	Street Address		
WARWICK	State RI	Zip 02886.	City:	State	Zip
Secretary Name			Treasurer Name ANITA JA	YESH MEHTA	
Street Address	<u> </u>		Sireel Address 1143 MAIN	AVENUE UN	IIT #1
City	State	Zip	WARWICK	Sinic RI	OR 886.
9. NAMES AND ADDRES  Director Name	SES OF THE DIRECTO	RS: ("X" BOX FOR AT	TACHMENT)   FILL I	N SPACES BEFORE USING	ATTACHMENTS
Street Address		<u> </u>	Street Address	-	
City	State .	Zip —	City	State	Zip _
Director Name			Director Name	—	.l
Street Address	_		Street Address	<del></del>	<del></del>
City	State	Zip	City	Siate	Zip _
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (	 ("X" BOX FOR ATTACHME	(17N
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2 NO PAR VALUE		<del></del>	2		NO PARVAWE
				-	
This report must	be signed in ink by cit	her the President, Vice I	President, Secretary, Assista	int Secretary, Treasurer, Rec	civer or Trustee
					_
<del></del>	EBIIB (BIII BIOI IBBI 5185)		Under penalty of per	rjury, I declare and affirm that I	have examined this repor

File Date \_\_\_\_\_\_\_ Check No. \_ FOR SECRETARY OF STATE USE ONLY

	anying schedules and stateme anying schedules and stateme we and correct.	
	Strent.	02/01/05 Date
ignature of Officer		Date
JAYESH	ARVINDRAI Officer	MEHTA
rint or Type Name of (	Officer	<del></del>
PRESIDE	INT.	
Title of Officer		F (20.1) 12/02



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 4 - 1 (FORM MUST BE TYPED OR PRI		Fee: \$50.00			
1 Corporate ID No.	2. Name of Corporation				
94748	SRI GANESH IN	C			
3. Street Address Principal Business	Office		City	State	Zip
719 BALD HIL	L ROAD, #		WARWICK	RHODE ISLAND	
4. Bustness Phone No.		5. State of Incorporation			6. SIC Code
3 0 · (1) · · · · · · · (1) · · · ·		RHODE ISLAND			7096
7. Brief Description of the Characte. RESTAURANT BUSINE 8. NAMES AND ADDRESSE	SS.		CHMENT) ☐ FILL IN S	PACES BEFORE USING AT	TTACHMENTS
President Name JAYESH ARVIA	_		Vice President Name		
Stret Address			Street Address		<del></del>
1143 MAIN A	VENUE UNIT	# /	_		
City	State	7.ф	City	State	Zip
WARWICK	RI	02886			
Secretary Name			Treasurer Name  ANITA JAY	ESH MEHTA.	
Sircet Address		<del></del>	Street Address		<u></u>
			1143 MAIN	AVENUE UNIT	# /
City	State	Zip	City WARP145	State RI	21p 02886.
9. NAMES AND ADDRESSE	S OF THE DIRECTOR	S: ("X" BOX FOR AT	TACHMENT) ☐ FILL IN	SPACES BEFORE USING	ATTÄCHMENTS
Director Name		·	Director Name	<u>.</u> .	••
Street Address	<del></del>		Street Address		
City	State 1	Zip	City	State	Ζ(φ
Director Name		. J	Director Name	<b></b>	
Street Address			Street Address	<del></del>	
City	State	Zip —	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTA	I ACHMENT) [	11. SHARES ISSUED (	 "X" BOX FOR ATTACHME	(TMT)
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Scries	Par Value
2 NO PAR VALUE			2	N/A	NO PARVALUE
This report must be	signed in ink by eith	er the President, Vice P	resident, Secretary, Assistan	nt Secretary, Treasurer, Rec	eiver or Trustee
	 	1			
				jury, I declare and affirm that I	
*	<del>9 4 7 4 8 *</del> ZIIAU		contained herein are	panying schedules and stateme true and correct.	03/09/2004
File Date			<u> </u>	~~ <u>~</u>	- Days
Check No	7158		Signature of Officer		<i>Date</i>
GREEK HU.				ARVIND MEHTA	
Ву:			Print or Type Name of		
FOR SECRETARY OF S	TATE LICE ON V		<u> Fresiden</u>	- <del> </del>	
FOR SECRETARY OF S	IATE USG UNCT	_	Title of Officer		Form 630 Rev. 12/03



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

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_2003

MOILL COMI	OMILLOI			X 🗸 X .
lling Period: January	1-March 1 •	Filing Fee: \$50	.00	

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

2. Name of

2. Name of Corporation

94748

SRI GANESH INC

3. Street Address Principal Bu	usiness Office		City	State	Zip
4. Business Phone No.	ILL ROAD #3	ろいBWAY 5. State of Incorporation	WARDICK	RHODE ISLANI	02886. 6. SIC Code
(401) 826 7. Brief Description of the Ch	3910 paracter of Business Conducted I	RHODE ISLAND n Rhode Island			7096
8. NAMES AND ADI	ORESSES OF THE OFFI	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTACHME	ENTS
JAYESH A	arvindrai (	nehta	Court Address		
1443 . MAI	N AVENUE,	UNIT # 1.	Street Address		
WARDICK	State RI	zip 02886.	City	State	Zip
Secretary Name	<b>,</b> .		Treasurer Name	* ****	
Street Address	-		ANITA .	TH3M H23YAI	·A
	-		1143 Main	AVENUE . UNIT	#1
City	State	Zip	CITY	State RI	zip o~288€.
9. NAMES AND ADI	PRESSES OF THE DIRE	ECTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATTACH	7
Street Address	<b></b>		Street Address		
City		Zip	City	State	Zip
Director Name			Olrector Name	. <del>.</del>	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOI AUTHORIZED SHARES	RIZED (*x* BOX FOR ATT)	ACHMENT)	11. SHARES ISSUED (*	"X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2 NO PAR VALUE			2	_	NO PARVALUE
	-				—
This report must be	signed in ink by eith	er the President, Vice Pr	resident, Secretary. Assi	stant Secretary, Treasurer,	Receiver or Trustee
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File Date:	* 9 4 7 4 8 * 7· 76·03
Check No.:	(e) (o9
Ву:	(D
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

40 02

TAYESH ARVINDRAI MEHTA.

PRESIDENT.

Title of Officer

Form

Form 630 12/02



File Date:

Check No.: \_

# 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 401-222-3010

2002 PROFIT CORPORATION ANNUAL REPORT FOR THE VEAD

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PLEASE INSTRU	CTIONS

Filing Period: January	1-March 1 •	Filing Fee: \$50.00	ORI FOR THE	1EAR	PLEASE READ INSTRUCTIONS
(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No.	2. Name of Corporation	n			
94748	SRI GANESH	INC			
3. Street Address Principal Business		_	Clly	State	Zip
719 Bald hill 4. Business Phone No.	Road #3,		wareids	RI	t 2886. 6. SIC Code
(401) 826 S	5310	RHODE ISLAND			7096
7. Brief Description of the Character			us & salad	Class	
Franchise	_	– ر	·	Shop.	
8. NAMES AND ADDRESS President Name	SES OF THE OFFIC	ERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEE Vice President Name	ORE USING ATTACHM	ENTS
Cleant Address	metta		Street Address		
719, Bald hill warns its	Koevel H	>, 7/n	City	Fa-a-	
wans:45	ŘI	07886.	City	State	Zip
Secretary Name			Treasurer Noine	•	•
Street Address			ANITA J.	MEHTA	
Cir.			719, Baldhill	Road #3,	
City	State	Zip	"wansiy	State RE	· 2886.
9. NAMES AND ADDRESS	SES OF THE DIREC	TORS ("X" BOX FOR ATTAC		EFORE USING ATTACH	MENTS
Director Name			Director Name		
Street Address			Street Address		
Спу	State .	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Clly	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	) ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	<u>1</u>
Number of Shares	Class/Series	Far Value	ISSUED SHARES	<b>--</b> .	·
2 NO PAR VALUE	C1477511113	Jul 10/11/	Number of Shares	Class/Series	Par Value
	•		2	"none"	No byrauses
			(50) Jyen A mehl 50) ANITA J. MEL	17)   Share   Sach	٠.
This report must be signe	<b>d in ink</b> by either	the President, Vice Pr	esident, Secretary, Assistan	ot Secretary. Treasurer	Receiver or Trustee
<b>  1   2   1</b>   1   1   1   1   1   1   1   1	Landi denki india dinak india i	111	, , , , , , , , , , , , , , , , , , , ,	,,,,	meterici or musice
		<b>i</b> ll			
		<b> </b>			
* ************************************	94748	*** k	Under penalty of perjury	, I declare and affirm tha	t I have examined
	, , , <del>,</del> ,		this report, including an		
1./.	1800		that all statements conta		

Jayesh Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY Title of Officer

Signature of Officer

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

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP
PLEASE READ INSTRUCTIONS

Filing Period: Januar	y I-March 1 •	Filing Fee: \$50.00			IXSTRUCTION
(FORM MUST BE TYPED IN BL. 1. Corporale ID No. <b>94748</b>	ACK) 2. Name of Corpora SRI GANES				
3. Street Address Principal Busines 719, Bald hill 1 4. Business Phone No. (401) 826 39	road, #3,	5. State of Incorporation RHODE ISLAN	ciiy wasw:45	State RI	zip 02886 6. sic code <b>7096</b>
7. Bilef Description of the Charact.  Subway  8. NAMES AND ADDRE: President Name	franchis &	Sandwiches	Ship (fait CHMENT) FILL IN SPACES Vice President Name	for d ) BEFORE USING ATTAC	CHMENTS :
JAYESH A. Sueet Address 719, Bald hi	MEHTA.	f 3, Subway	Street Address 719	- MEHTA. Bard him Ros	4 # 3
City WARWICK Secretary Name	State RI	o2886	City U	State -	02886.
Street Addréss			ANITA Street Address 719 Bald	J. MEHT!	
City	State	Zip	warwick	State RT	02886.
9. NAMES AND ADDRE. Director Name	SSES OF THE DIRI	ECTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPAC Director Name	CES BEFORE USING ATT	ACHMENTS
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 AUTHORIZ. AUTHORIZZI) SHARES	ED (*x* box for att	ACHMENT)	11. SHARES ISSUED ISSUED SHARES	(*X* BOX FOR ATTACHMEN	(T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2 NO PAR VALUE			O		

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

	* 9 4 7 4 8 *
File Date: <u> </u>	3/19/01
Check No.:	434)
Ву:	Ma
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

Trye Sh A- Mehta

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 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PIT M RI M INSERCCIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation SRI GANESH INC 3. Street Address Principal Business Office Road Bald hill 6. SIC Code (401) 826 7096 7. Brief Description of the Character of Business Conducted in Rhode Island Subway Sandwiches Franchise Business 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name JAYESH Street Address Street Address Secretary Name Treasurer Name ANITA Street Address Street Address 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS **Director Name** Street Address Street Address City City Director Name Director Name Street Address Street Address City 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 2 NO PAR VALUE 2 NO Par value

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

	* 9 4 7 4 8 *
File Date:	3-15-00
Check No.:	3552
By:	RY OF STATE USE ONLY

1 (56)(6 (6)() B)B11 (86)( B)6B1 (6)( (6B)

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.

	Honey	n :		03	13	2000
Signature of Officer	( <b>V</b> ) <b>V</b> —		Date		1	
	a. A					

Tayesh A Menta
Print or Type Name of Officer

Decides

Title of Officer



James R. Langevin, Sccretary 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

STOP.
PLEASE READ
INSTRUCTIONS

(FORM MUST BE TYPED IN BL	ACK)						
1. Corporate ID No. 94748	2. Name of Corporatio SRI GANESH	INC					
3. Street Address Principal Busines. 719 Baid his	, Read Sub	wy #3	worw;45	State	02886.		
4. Business Phone No. (401) &26	3910	RHODE ISLA			6. SIC Code <b>7098</b>		
7. Bilef Description of the Character	Business Conducted in I	Rhode Island Sibury	Subs 8 Sand	wiches Shop	• .		
			ACHMENT) ( FILL IN SPACES				
President Name (JAY)	μ_ A: Μ	EHTA.	Vice President Name				
Street Address 719 Bard hill Road #3.			Street Address				
1) 15a141 city	State	12866.	City	State	Zip		
Secretary Name			Treasurer Name	Treasurer Name  ANITA J. MEHTA.			
Street Address	<del></del>			I hill Road			
City	State	Zip	city bales; ck	State	<sup>210</sup> 02886		
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) C FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name	· <del>-</del> -		Director Name				
Street Address	_	······································	Street Address		······································		
City	State	TZip	City	State	Zip		
Director Name	1	1	Director Name				
Street Address	, <u> </u>		Street Address				
City	State	Zip	City	State	Zip		
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATTAC	CHMENT)	11) SHARES ISSUED	(*X* BOX FOR ATTACHMEN	$\eta$		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
2 NO PAR VALUE			- 0	s None	none		
	<u>-                                    </u>	· <del>-</del>	Va.				
This report must be sig	ned in ink by eithe	er the President, Vi	ce President, Secretary, As	sistant Secretary, Treas	surer, Receiver or Truste		
!! <b>!!!</b>	´ 18 18)   8 8    88   6 86  16	<b>       </b>	·	•			

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.

heck No.: 4: 1 Signature of Officer

Print of Type Name of Officer

FOR SECRETARY OF STATE USE ONLY

This of Officer D. 104



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

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

(FORM MUST BE TYPED IN BLAC	K)				
1. Corporate ID No.	2. Name of Corporation		•	٠	
94748	SRI GANESH II	NC			
3. Street Address Principal Business O		45. 0	City	State	Zip
719 BALD HILL	L Road Sub	way #3.  5. State of Incorporation	WARWICK	RI	02886 ·
(HOI) 826 3.	910	RHODE ISLAND			7096.
7. Brief Description of the Character of Restaurant B		de Island Loway Subs	8 Sandwiches	sup.	
8. NAMES AND ADDRESS	ES OF THE OFFICER	S (*X* BOX FOR ATTACHA	(ENT)	•	
TAYESH A.	MEHTA		Vice President Name	- none	
Street Address	_	2	Street Address	- some	
TTY ISALA HILL	Road #	Zip	City	State	ZIP MONE
warvick	RI	02886.	1001	· whe	
Secretary Name	none -		Treasurer Name ANITA	J. MEHT	A
Street Address	None -		Street Address Bald	hill Road,	#3
City	State More	zip wore	wansick:	State RI	o2886.
9. NAMES AND ADDRESS	ES OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT)		
Director Name	Never		Director Name	- rose	
Street Address	- here		Street Address	- voice	
City	State Navo	Zip NOTE	city Neve	State _ None	zip MMZ
Director Name	more		Director Name	- nove	••• • • • • • • • • • • • • • • • • •
Street Address	None		Street Address	- vore	
city were	State Rive	sib vievo	cin vove	State	rip Mone
10. SHARES AUTHORIZED AUTHORIZED SIARES	("X" BOX FOR ATTACHM	IENT)	11. SHARES ISSUED (*x* ISSUED SHARES	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2 NO PAR VALUE			- Nove	- worl	No parvatre
			- None	- None	Noparvalve
This report must be signe	<b>d in ink</b> by either t	he President, Vice Pr	esident, Secretary, Assista		

	Under penalty of perjury, I declare and affirm that I have examined
File Date: -01 29 98  Check No.: 166	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Signature of Officer  Date  JAYPSH A. MEHTA
By:	Print or Type Name of Officer  Previous  Title of Officer