



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 OR PRINTED IN BLACK)

Form with sections: 1. Corporate ID No. (119052), 2. Name of Corporation (FREE-N-TR-PRZ, INC.), 3. Street Address (16 Caverly Street), 4. Business Phone No. (401-737-7317), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code, 7. Brief Description of the Character of Business, 8. NAMES AND ADDRESSES OF THE OFFICERS (President, Vice President, Secretary, Treasurer), 9. NAMES AND ADDRESSES OF THE DIRECTORS, 10. SHARES AUTHORIZED (600 NO PAR VALUE), 11. SHARES ISSUED (100 Common No Par).

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



119052

File Date: 2/16/05
Check No.: 945
By: W.
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: Robert Miller
Date: 2/14/05
Print or Type Name of Officer: Robert Miller
Title of Officer: President



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. 119052		2. Name of Corporation FREE-N-TR-PRZ, INC.			
3. Street Address Principal Business Office 16 Caverly Street			City Warwick	State RI	Zip 02886
4. Business Phone No. 401-737-7317		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO CARRY ON A GENERAL MANAGEMENT AND ADVISORY BUSINESS RELATING TO FRANCHISING AND THE OPERATION OF BUSINESSES OF EVERY KIND.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert Miller			Vice President Name Robert Miller		
Street Address 16 Caverly Street			Street Address 16 Caverly Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Robert Miller			Treasurer Name Robert Miller		
Street Address Same as above			Street Address Same as above		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert Miller			Director Name Robert Miller		
Street Address Same as above			Street Address Same as above		
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			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 1 9 0 5 2 *

File Date **FILED**
Check No. **FEB 12 2004**
By: **By M 4893**
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.

Robert Miller
Signature of Officer
Robert Miller
Print or Type Name of Officer
President
Title of Officer
2/4/04
Date



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. **119052** 2. Name of Corporation **FREE-N-TR-PRZ, INC.**
3. Street Address Principal Business Office **16 Caverly Street** City **Warwick** State **RI** Zip **02886**
4. Business Phone No. **401-737-7317** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island

To assist and advise others in the management of their businesses
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Robert Miller	Robert Miller
Street Address	Street Address
16 Caverly Street	16 Caverly Street
City State Zip	City State Zip
Warwick RI 02886	Warwick RI 02886
Treasurer Name	
Robert Miller	
Street Address	
Same as above	
City State Zip	City State Zip

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

Director Name	Director Name
Robert Miller	
Street Address	Street Address
Same as above	
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)

AUTHORIZED SHARES	Class/Series	Par Value
600 NO PAR VALUE		

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

ISSUED 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



* 1 1 9 0 5 2 *

File Date: 2.14.03
Check No.: 546
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] 2/10/03
Signature of Officer Date

Robert Miller
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. **119052** 2. Name of Corporation **FREE-N-TR-PRZ, INC.**
3. Street Address Principal Business Office **16 Caverly Street** City **Warwick** State **RI** Zip **02886**
4. Business Phone No. **401-737-7317** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7245**
7. Brief Description of the Character of Business Conducted in Rhode Island

To assist and advise others in the management of their businesses

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

President Name Robert Miller	Vice President Name Robert Miller
Street Address 16 Caverly Street	Street Address 16 Caverly Street
City Warwick State RI Zip 02886	City Warwick State RI Zip 02886
Secretary Name Robert Miller	Treasurer Name Robert Miller
Street Address Same as above	Street Address Same as above
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

Director Name Robert Miller	Director Name
Street Address Same as above	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)

AUTHORIZED SHARES	Class/Series	Par Value
600 NO PAR VALUE		

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

ISSUED 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



* 1 1 9 0 5 2 *

FILED

File Date: FEB 04 2002

Check No.: _____

By: Robert Miller

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.

Robert Miller 1/24/02
Signature of Officer Date

Robert Miller
Print or Type Name of Officer

President
Title of Officer