



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 112761		2. Name of Corporation J'S DELICATESSEN INC			
3. Street Address Principal Business Office 285 GEORGE WASHINGTON HWY			City SMITHFIELD	State RI	Zip 02917
4. Business Phone No. 401-231-0823		5. State of Incorporation RHODE ISLAND			6. SIC Code 3236
7. Brief Description of the Character of Business Conducted in Rhode Island DELICATESSEN: The retail sale of, including but not limited to food, soft drinks and pastry					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAMES HALLAL			Vice President Name JAMES HALLAL		
Street Address 7 RAYMOND DRIVE			Street Address 7 RAYMOND DRIVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name JAMES HALLAL			Treasurer Name JAMES HALLAL		
Street Address 7 RAYMOND DRIVE			Street Address 7 RAYMOND DRIVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JAMES HALLAL			Director Name		
Street Address 7 RAYMOND DRIVE			Street Address		
City CUMBERLAND	State RI	Zip 02864	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
1000 NO PAR			500	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 2 7 6 1

File Date 2/1/05  
Check No. 2097  
By: DA  
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.

James Hallal 1/30/2005  
Signature of Officer Date  
JAMES HALLAL  
Print or Type Name of Officer  
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**

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President Name JAMES HALLAL		Vice President Name JAMES HALLAL			
Street Address 7 RAYMOND DRIVE		Street Address 7 RAYMOND DRIVE			
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name JAMES HALLAL		Treasurer Name JAMES HALLAL			
Street Address 7 RAYMOND DRIVE		Street Address 7 RAYMOND DRIVE			
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JAMES HALLAL		Director Name			
Street Address 7 RAYMOND DRIVE		Street Address			
City CUMBERLAND	State RI	Zip 02864	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
1000	NO PAR		500	COMMON	NO PAR

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



File Date 3-16-07  
Check No 1716  
By: 100  
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 James Hallal Date 2/28/2004  
Print or Type Name of Officer  
**JAMES HALLAL**  
**PRESIDENT**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 112761  
 2. Name of Corporation J'S DELICATESSEN, INC.  
 3. Street Address Principal Business Office 285 GEORGE WASHINGTON HWY  
 City SMITHFIELD State RI Zip 02917  
 4. Business Phone No. 401-231-0823  
 5. State of Incorporation RHODE ISLAND  
 6. SIC Code 3236  
 7. Brief Description of the Character of Business Conducted in Rhode Island  
 SALES OF DELI PRODUCTS AND SANDWICHES

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

President Name JAMES HALLAL	Vice President Name JAMES HALLAL
Street Address 7 RAYMOND DRIVE	Street Address 7 RAYMOND DRIVE
City State Zip CUMBERLAND RI 02864	City State Zip CUMBERLAND RI 02864
Secretary Name JAMES HALLAL	Treasurer Name JAMES HALLAL
Street Address 7 RAYMOND DRIVE	Street Address 7 RAYMOND DRIVE
City State Zip CUMBERLAND RI 02864	City State Zip CUMBERLAND RI 02864

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

Director Name JAMES HALLAL	Director Name
Street Address 7 RAYMOND DRIVE	Street Address
City State Zip CUMBERLAND RI 02864	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	Number of Shares	Class/Series	Par Value
1000	NO	PAR	VALUE

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

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

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

File Date: 3-28-03  
 Check No.: 1355  
 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]  
 Signature of Officer Date  
 JAMES HALLAL  
 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. **112761**  
2. Name of Corporation **J'S DELICATESSEN, INC.**  
3. Street Address Principal Business Office  
**285 GEORGE WASHINGTON HWY**  
4. Business Phone No. **401-231-0823**  
5. State of Incorporation **RHODE ISLAND**

City **SMITHFIELD** State **RI** Zip **02917**  
6. SIC Code **3236**

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

**SALE OF DELI PRODUCTS & SANDWICHES**

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

President Name **JAMES HALLAL**  
Street Address **7 RAYMOND DRIVE**  
City **CUMBERLAND** State **RI** Zip **02864**

Vice President Name **JAMES HALLAL**  
Street Address **7 RAYMOND DRIVE**  
City **CUMBERLAND** State **RI** Zip **02864**

Secretary Name **JAMES HALLAL**  
Street Address **7 RAYMOND DRIVE**  
City **CUMBERLAND** State **RI** Zip **02864**

Treasurer Name **JAMES HALLAL**  
Street Address **7 RAYMOND DRIVE**  
City **CUMBERLAND** State **RI** Zip **02864**

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

Director Name **JAMES HALLAL**  
Street Address **7 RAYMOND DRIVE**  
City **CUMBERLAND** State **RI** Zip **02864**

Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

**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  
**500 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 2 7 6 1 \*

File Date: 3-4-02  
Check No.: 906  
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.

James Hallal 2/27/2002  
Signature of Officer Date

**JAMES HALLAL**  
Print or Type Name of Officer  
**PRESIDENT**

Title of Officer  
5



**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. **112761** 2. Name of Corporation **J'S DELICATESSEN, INC.**  
3. Street Address Principal Business Office **7 RAYMOND DRIVE** City **CUMBERLAND** State **RI** Zip **02864**  
4. Business Phone No. **401-231-0823** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**RETAIL SALES OF DELI PRODUCTS AND SANDWICHES**

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

President Name <b>JAMES HALLAL</b> Street Address <b>7 RAYMOND DRIVE</b> City State Zip <b>CUMBERLAND RI 02864</b>	Vice President Name <b>JAMES HALLAL</b> Street Address <b>7 RAYMOND DRIVE</b> City State Zip <b>PAWTUCKET RI 02864</b>
Secretary Name <b>JAMES HALLAL</b> Street Address <b>7 RAYMOND DRIVE</b> City State Zip <b>CUMBERLAND RI 02864</b>	Treasurer Name <b>JAMES HALLAL</b> Street Address <b>7 RAYMOND DRIVE</b> City State Zip <b>CUMBERLAND RI 02864</b>

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

Director Name <b>JAMES HALLAL</b> Street Address <b>7 RAYMOND DRIVE</b> City State Zip <b>CUMBERLAND RI 02864</b>	Director Name  Street Address  City State Zip
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>500</b>	<b>COMMON</b>	<b>NO PAR</b>

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



\* 1 1 2 7 6 1 \*

File Date: 3/6  
Check No.: 467  
By: Ei

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.

James Hallal 3/3/2001  
Signature of Officer Date

**JAMES HALLAL**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer