



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 IN BLACK)

1. Corporate ID No. 81362 2. Name of Corporation FRANCO BROS. INC.  
3. Street Address Principal Business Office 50 MORGAN AVENUE City JOHNSTON State RI Zip 02919  
4. Business Phone No. 4019420011 5. State of Incorporation RHODE ISLAND 6. SIC Code 0

7. Brief Description of the Character of Business Conducted in Rhode Island  
TO ENGAGE IN ANY AND ALL ASPECTS OF THE RESTAURANT AND FOODSERVICE BUSINESS.

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

|                  |       |       |                     |       |       |
|------------------|-------|-------|---------------------|-------|-------|
| President Name   |       |       | Vice President Name |       |       |
| Peter Franco     |       |       | Peter Franco        |       |       |
| Street Address   |       |       | Street Address      |       |       |
| 50 Morgan Avenue |       |       | 50 Morgan Avenue    |       |       |
| City             | State | Zip   | City                | State | Zip   |
| Johnston         | RI    | 02919 | Johnston            | RI    | 02919 |
| Secretary Name   |       |       | Treasurer Name      |       |       |
| None             |       |       | None                |       |       |
| Street Address   |       |       | Street Address      |       |       |
|                  |       |       |                     |       |       |
| 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  |       |     |
| None           |       |     | None           |       |     |
| Street Address |       |     | Street Address |       |     |
|                |       |     |                |       |     |
| City           | State | Zip | City           | State | Zip |
|                |       |     |                |       |     |
| Director Name  |       |     | Director Name  |       |     |
| None           |       |     | None           |       |     |
| 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  
1,000 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES  
Number of 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



8 1 3 6 2

\*81362 DBC 01/14/05 04:06:29 PM\*

File Date 2-7-05

Check No. 10913

By: LPB

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 Peter Franco Date 1/25/05

Print or Type Name of Officer Peter Franco

Title of Officer President

Form 630 12/01



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Divisi  
100 North Main Str  
Providence, RI 02903-13  
401.222.30

# 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.<br>81362  |              | 2. Name of Corporation<br>FRANCO BROS. INC. |  |              |                  |
| 3. Street Address Principal Business Office<br>50 Morgan Avenue   |              |   | City<br>Johnston   | State<br>RI  | Zip<br>02919     |
| 4. Business Phone No.<br>(401) 942-0011   |              | 5. State of Incorporation<br>RHODE ISLAND   |  |              | 6. SIC Code<br>0 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>TO ENGAGE IN ANY AND ALL ASPECTS OF THE RESTAURANT AND FOODSERVICE BUSINESS. |              |   |  |              |                  |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                           |              |   |  |              |                  |
| President Name<br>Peter Franco  |              |   | Vice President Name<br>Peter Franco  |              |                  |
| Street Address<br>50 Morgan Avenue  |              |   | Street Address<br>50 Morgan Avenue   |              |                  |
| City<br>Johnston  | State<br>RI  | Zip<br>02919                                | City<br>Johnston   | State<br>RI  | Zip<br>02919     |
| Secretary Name<br>None  |              |   | Treasurer Name<br>None   |              |                  |
| Street Address  |              |   | Street Address   |              |                  |
| 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<br>None   |              |   | Director Name<br>None  |              |                  |
| Street Address  |              |   | Street Address   |              |                  |
| City  | State        | Zip   | City   | State        | Zip              |
| Director Name<br>None   |              |   | Director Name<br>None  |              |                  |
| Street Address  |              |   | Street Address   |              |                  |
| City  | State        | Zip   | City   | State        | Zip              |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>AUTHORIZED SHARES  |              |   | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/><br>ISSUED SHARES |              |                  |
| Number of Shares  | Class/Series | Par Value                                   | Number of Shares   | Class/Series | Par Value        |
| 1,000 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



\* 8 1 3 6 2 \*

|                                 |         |
|---------------------------------|---------|
| File Date                       | 2-20-03 |
| Check No.                       | 10366   |
| By:                             | UP      |
| 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 Peter Franco Date 1/27/04  
PRES.  
Print or Type Name of Officer  
President  
Title of Officer



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 02903-1333  
401-222-3044

**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.

2. Name of Corporation

81362

FRANCO BROS. INC.

3. Street Address Principal Business Office

City

State

Zip

50 Morgan Avenue

Johnston

RI

02919

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(401)942-0011

RHODE ISLAND

0

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

All aspects of the restaurant and food service business

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

President Name

Vice President Name

Peter Franco

Peter Franco

Street Address

Street Address

50 Morgan Avenue

50 Morgan Avenue

City

State

Zip

City

State

Zip

Johnston

RI

02919

Johnston

RI

02919

Secretary Name

Treasurer Name

None

None

Street Address

Street Address

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

None

None

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

None

None

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

1,000 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



\* 8 1 3 6 2 \*

File Date: **FILED**

Check No.: **MAR 07 2003**

By: **Bv GMM 9768**

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.

**2/26/03**  
Signature of Officer Date

**Peter Franco**  
Print or Type Name of Officer

**President**  
Title of Officer



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 02903-1331  
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.

81362

2. Name of Corporation

FRANCO BROS. INC.

3. Street Address Principal Business Office

50 MORGAN AVE

City

JOHNSTON

State

RI

Zip

02919

4. Business Phone No.

942-0011

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

ALL ASPECTS OF THE RESTAURANT AND FOOD SERVICE BUSINESS

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

President Name

PETER FRANCO

Vice President Name

PETER FRANCO

Street Address

50 MORGAN AVE

Street Address

50 MORGAN AVE

City

JOHNSTON

State

RI

Zip

02919

City

JOHNSTON

State

RI

Zip

02919

Secretary Name

Treasurer Name

Street Address

Street Address

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

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)

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

100

COMMON

NO PAR

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



\* 8 1 3 6 2 \*

File Date: 3-14-02

Check No.: 9095

By: ce

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.

Peter Franco 3-12-02  
Signature of Officer Date

PETER FRANCO  
Print or Type Name of Officer

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 02903-13  
401-222-36



**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 **81362** 2. Name of Corporation **FRANCO BROS. INC.**

3. Street Address Principal Business Office **50 Morgan Ave** City **Johnston** State **RI** Zip **02919**

4. Business Phone No **942-0011** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**all aspects of the restaurant and food service business**

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

|                      |           |              |                      |           |              |
|----------------------|-----------|--------------|----------------------|-----------|--------------|
| President Name       |           |              | Vice President Name  |           |              |
| <b>Peter Franco</b>  |           |              | <b>Peter Franco</b>  |           |              |
| Street Address       |           |              | Street Address       |           |              |
| <b>50 Morgan Ave</b> |           |              | <b>50 Morgan Ave</b> |           |              |
| City                 | State     | Zip          | City                 | State     | Zip          |
| <b>Johnston</b>      | <b>RI</b> | <b>02919</b> | <b>Johnston</b>      | <b>RI</b> | <b>02919</b> |
| Secretary Name       |           |              | Treasurer Name       |           |              |
|                      |           |              |                      |           |              |
| Street Address       |           |              | Street Address       |           |              |
|                      |           |              |                      |           |              |
| 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  |       |     |
|                |       |     |                |       |     |
| 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)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of 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



\* 8 1 3 6 2 \*

File Date **2/23/01**

Check No. **8540**

By: **COA**

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 **Peter A Franco** Date **2/19/01**  
Print or Type Name of Officer **Peter A Franco**  
Title of Officer **President**



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

James R. Langevin, Secretary of State  
Corporations Divs.  
100 North Main Street, Providence, RI 02903-11  
401-222-3000

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.

81362

2. Name of Corporation

FRANCO BROS. INC.

3. Street Address Principal Business Office

50 Morgan Ave

City

Johnston

State

RI

Zip

02919

4. Business Phone No.

942-0011

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

all aspects of the restaurant and food service business

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

PETER FRANCO

Vice President Name

PETER FRANCO

Street Address

50 Morgan Ave

Street Address

50 Morgan Ave

City

Johnston

State

RI

Zip

02919

City

Johnston

State

RI

Zip

02919

Secretary Name

Treasurer Name

Street Address

Street Address

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

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of 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 Trust



\* 8 1 3 6 2 \*

File Date

2/28/00

Check No.

8092

By

RD

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

PETER A FRANCO

President

Date

2/16/00



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

James K. Lungevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-13  
401-222-30



**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 No.<br><b>81362</b>   |                    | 2. Name of Corporation<br><b>FRANCO BROS. INC.</b> |                    |               |               |
| 3. Street Address Principal Business Office<br><b>50 MORGAN AVE</b>   |                    | City<br><b>JOHNSTON</b>                            | State<br><b>RI</b> |               |               |
| 4. Business Phone No.<br><b>942-0011</b>  |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>   |                    |               |               |
| 6. SIC Code   |                    |  |                    |               |               |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>all aspects of the restaurant and food service business</b> |                    |  |                    |               |               |
| 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>                                |                    |  |                    |               |               |
| President Name<br><b>PETER FRANCO</b>   |                    | Vice President Name<br><b>PETER FRANCO</b>         |                    |               |               |
| Street Address<br><b>50 MORGAN AVE</b>  |                    | Street Address<br><b>50 MORGAN AVE</b>             |                    |               |               |
| City<br><b>JOHNSTON</b>   | State<br><b>RI</b> | City<br><b>JOHNSTON</b>                            | State<br><b>RI</b> |               |               |
| Zip<br><b>02919</b>   |                    | Zip<br><b>02919</b>                                |                    |               |               |
| Secretary Name  |                    | Treasurer Name                                     |                    |               |               |
| Street Address  |                    | Street Address                                     |                    |               |               |
| City  | State              | City   | State              |               |               |
| Zip   |                    | Zip  |                    |               |               |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>                               |                    |  |                    |               |               |
| Director Name   |                    | Director Name                                      |                    |               |               |
| Street Address  |                    | Street Address                                     |                    |               |               |
| City  | State              | City   | State              |               |               |
| Zip   |                    | Zip  |                    |               |               |
| Director Name   |                    | Director Name                                      |                    |               |               |
| Street Address  |                    | Street Address                                     |                    |               |               |
| City  | State              | City   | State              |               |               |
| Zip   |                    | 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     |
| <b>1,000 SHS NO PAR VALUE</b>   |                    |  | <b>100</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 Trust-



File Date: 12/22/99  
Check No.: 4709  
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 of Officer

PETER FRANCO  
PETER FRANCO

Print or Type Name of Officer

Title of Officer

Date

2-17-99



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 02903-13  
401-277-30

1998



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID **81362** 2. **FRANCO BROS. INC.**

3. Street Address Principal Business Office

50 MORGAN AVE

4. Business Phone No.

942-0011

City

JOHNSTON

State

RI

Zip

02919

6. SIC Code

5. **RHODE ISLAND**

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

all aspects of the restaurant and food service business

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

President Name

PETER FRANCO

Street Address

50 MORGAN AVE

City

JOHNSTON

State

RI

Zip

02919

Secretary Name

Vice President Name

PETER FRANCO

Street Address

50 MORGAN AVE

City

JOHNSTON

State

RI

Zip

02919

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of 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



\* 8 1 3 6 2 \*

File Date: 2/23/98

Check No.: 7284

By: KID

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.

Peter Franco 2-16-98  
Signature of Officer Date

PETER FRANCO

Print or Type Name of Officer

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 02903-1331  
401-277-3041



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **81362** 2. Name of Corporation **FRANCO BROS. INC.**

3. Street Address Principal Business Office

**50 MORGAN AVE**

4. Business Phone No.

**942-0011**

5. State of Incorporation  
**RHODE ISLAND**

City

**JOHNSTON**

State

**RI**

Zip

**02919**

6. SIC Code

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

**all aspects of the restaurant and food service business**

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

President Name

**PETER FRANCO**

Street Address

**50 MORGAN AVE**

City

**JOHNSTON**

State

**RI**

Zip

**02919**

Secretary Name

Vice President Name

**PETER FRANCO**

Street Address

**50 MORGAN AVE**

City

**JOHNSTON**

State

**RI**

Zip

**02919**

Treasurer Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

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 AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**1,000 SHS NO PAR VALUE**

ISSUED SHARES

Number of 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



File Date: **2/14/97**

Check No.: **6733**

By: **CCR / SEC**

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.

**Peter A. Franco** **2/10/97**  
Signature of Officer Date

**PETER A. FRANCO**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-30

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

| 1. CORPORATE ID NO.<br><b>81362</b>   |                    | 2. NAME OF CORPORATION<br><b>FRANCO BROS. INC.</b> |                    |                |           |
|---|--------------------|--|--------------------|----------------|-----------|
| 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE<br><b>50 MORGAN AVE</b>   |                    | CITY<br><b>JOHNSTON</b>                            | STATE<br><b>RI</b> |                |           |
|   |                    | ZIP CODE<br><b>02919</b>                           |                    |                |           |
| 4. BUSINESS PHONE NO.<br><b>(401) 942-0011</b>  |                    | 5. STATE OF INCORPORATION<br><b>RHODE ISLAND</b>   |                    |                |           |
|   |                    | 6. SAC CODE<br><b>3079</b>                         |                    |                |           |
| 7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND<br><b>all aspects of the restaurant and food service business</b> |                    |  |                    |                |           |
| 8. NAMES AND ADDRESSES OF THE OFFICERS  |                    |  |                    |                |           |
| PRESIDENT NAME<br><b>PETER FRANCO</b>   |                    | VICE PRESIDENT NAME<br><b>PETER FRANCO</b>         |                    |                |           |
| STREET ADDRESS<br><b>50 MORGAN AVE</b>  |                    | STREET ADDRESS<br><b>50 MORGAN AVE</b>             |                    |                |           |
| CITY<br><b>JOHNSTON</b>   | STATE<br><b>RI</b> | CITY<br><b>JOHNSTON</b>                            | STATE<br><b>RI</b> |                |           |
| ZIP CODE<br><b>02919</b>  |                    | ZIP CODE<br><b>02919</b>                           |                    |                |           |
| SECRETARY NAME<br><b>PETER FRANCO</b>   |                    | TREASURER NAME<br><b>PETER FRANCO</b>              |                    |                |           |
| STREET ADDRESS<br><b>50 MORGAN AVE</b>  |                    | STREET ADDRESS<br><b>50 MORGAN AVE</b>             |                    |                |           |
| CITY<br><b>JOHNSTON</b>   | STATE<br><b>RI</b> | CITY<br><b>JOHNSTON</b>                            | STATE<br><b>RI</b> |                |           |
| ZIP CODE<br><b>02919</b>  |                    | ZIP CODE<br><b>02919</b>                           |                    |                |           |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS   |                    |  |                    |                |           |
| DIRECTOR NAME   |                    | DIRECTOR NAME                                      |                    |                |           |
| STREET ADDRESS  |                    | STREET ADDRESS                                     |                    |                |           |
| CITY  | STATE              | CITY   | STATE              |                |           |
| ZIP CODE  |                    | ZIP CODE   |                    |                |           |
| DIRECTOR NAME   |                    | DIRECTOR NAME                                      |                    |                |           |
| STREET ADDRESS  |                    | STREET ADDRESS                                     |                    |                |           |
| CITY  | STATE              | CITY   | STATE              |                |           |
| ZIP CODE  |                    | ZIP CODE   |                    |                |           |
| 10. SHARES AUTHORIZED AND ISSUED  |                    |  |                    |                |           |
| AUTHORIZED SHARES   |                    |  | ISSUED SHARES      |                |           |
| NUMBER OF SHARES  | CLASS / SERIES     | PAR VALUE  | NUMBER OF SHARES   | CLASS / SERIES | PAR VALUE |
| 1,000 SHS   | 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

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:

**2/9/96**

Check No:

**0269**

By:

**UP UP**

For Secretary of State Use Only

Signature of Officer

*Peter Franco*

PETER FRANCO

Print or Type Name of Officer

PRESIDENT

Title of Officer

**2/6/96**  
Date

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95

## State of Rhode Island and Providence Plantations



## Office of The Secretary of State

100 North Main Street

Providence, Rhode Island 02903-1335

401-277-3040

**ANNUAL REPORT**

Please Type or Print

File Annually - Jan. 1 - March

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**Corporate ID: 0081362 Annual Report for the year: 1995Name of Corporation: FRANCO BROS. INC.Business entity organized under the laws of the State of: Rhode Island Business Entity is (check one):For foreign entity, address and telephone number of principal office: ☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( ) Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode all aspects of the restaurant &Island (Provide street address - Not P.O. Box): food service business50 Morgan AvenueJohnston Rhode Island

Phone ( )

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

PETER FRANCO 50 MORGAN AVENUE JOHNSTON RHODE ISLAND

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

PETER FRANCO "

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

PETER FRANCO "

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

PETER FRANCO "**THE NAMES OF THE DIRECTORS ARE:**

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series Number of Shares Class / Series

1000 common 100 commonDate 3/23/ 19 95 By: Peter FrancoPETER FRANCO  
PRINTED NAME OF OFFICER SIGNING  
PRESIDENT

TITLE OF OFFICER SIGNING

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

JOSEPH C. MANERA, JR.  
1062 RESERVOIR AVENUE  
CRANSTON RI 02910**FILED****MAR 28 1995**By CE 7126