

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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Mam Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL	DEDODT FOR THE VEAD	2005
ERUFII LURFURALIUN ANNILA	ARPPUIRT PURCHER, YEAR	-000

FORM MUST BE TYPED IN B	/				
1. Corporate ID No. 81362	2. Name of Corpora FRANCO BR				
3. Street Address Principal Busin			City	State	Zip
50 MORGAN AVENUE			JOHNSTON	RI	02919
4. Business Phone No. 4019420011		5. State of Incorporation			6. SIC Code
7. Brief Description of the Chara	acter of Business Cond	RHODE ISLAND ucted in Rhode Island			0
TO ENGAGE IN ANY ANI	ALL ASPECTS	OF THE RESTAURANT A	AND FOODSERVICE BUSING	ESS.	
8. NAMES AND ADDRESS President Name	SES OF THE OFF	CERS ("X" BOX FOR ATTA	CHMENT) TILL IN SPACE Vice President Name	S BEFORE USING ATTAC	HMENTS
Peter Franco			Peter Franco		
Street Address			Street Address		
50 Morgan Avenue			50 Morgan Avenue		
Crity	State	Zıp	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
Secretary Name			Treasurer Name		
None			None		
Street Address			Street Address		
City	State	Zφ	City	State	Zıp
9. NAMES AND ADDRESS Director Name	SES OF THE DIRE	ECTORS ("X" BOX FOR AT	TACHMENT) TFILL IN SPACE	CES BEFORE USING ATTA	ACHMENTS
None			None	·	
Street Address			-Street Address		
City	State	Zıp	City	State	Zip
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR A	ATTACHMENT)	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMENT))
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	Common	No Par
This report must be signe	d in ink by eithe	r the President, Vice Pre	sident, Secretary, Assistan	t Secretary, Treasurer,	Receiver or Truste
8 1 3	6 2			 I declare and affirm that accompanying schedules 	
81362 DBC 01/14/05	04:06:29 PM	\neg		untained herein are true an	
File Date 2 - 7	7-05	.	Dex L	enea 1	125/05
Check No. 10	113		Signature of Officer	Date	
110		·	Peter Franco Print or Type Name of Office		
$B_{\underline{Y}}$	3	. _	President		
FOR SECRETARY OF STATE					

Title of Officer



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

PR	OFIT	CORF	ORA	TION	ANN	UA1	L REP	ORT	FOR	THE	YEAR	2004	_
		_											

. Corporate ID No.	2. Name of Corporal	rion			
81362	FRANCO BRO	DS. INC.			
Street Address Principal Bus	•		City	State	Zip
50 Morgan Aver	nue	To a contract	Johnston	RI	02919
. Business Phone No. (401) 942-0011	Ī	5. State of incorporation			6. SIC Code
Brief Description of the Cha	racter of Business Conducted	RHODE ISLAND in Rhode Island		· 	
TO ENGAGE IN AN	Y AND ALL ASPECTS O	F THE RESTAURANT AN	ID FOODSERVICE BUSINESS	i.	
	SSES OF THE OFFICE	RS: ("X" BOX FOR AT	TACHMENT) FILL IN	SPACES BEFORE USIN	G ATTACHMENTS
resident Name			Vice President Name		
Peter Franco			Peter Franco		<u> </u>
i <i>rcei Address</i> 50, Mongan Avei	nue		Sireei Address 50 Morgan Aven	110	
Sity	State	Ζφ	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
ecretary Name		L	: Treasurer Name		
None			None		
ireet Address	•	. :	Street Address		
	· · · · · · · · · · · · · · · · · · ·	· · ·			
Stry	State	Zip	City	State	Zip
NAMES AND ADDE	SEEE OF THE DIRECT	ORS: (*X* BOX FOR A	. : A <i>ttachment</i>)	 N SPACES BEFORE US	NC ATTACHMENTS
Hrector Name	SSES OF THE DIRECT	ORS: (A BOX FOR A	Director Name	N SPACES BEFORE US	ING ATTACHMENTS
None			None		
ireei Address		•	Street Address	·	
City:	State .	Zip	City	State	Zip
	J				
Director Name None			None		
Sirrei Address			Street Address		
}					
Suy	State	Zíp	City	State	Zip
	ZED ("X" BOX FOR A	TTACHMENT)		("X" BOX FOR ATTAC	HMENT)
UTHORIZED SHARES			ISSUED SHARES	1	1
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 mus	st be signed in ink by o	ither the President, Vic	e President, Secretary, Assist	ant Secretary, Treasurer	, Receiver or Trustee
·	•		·	·	
Į!	ERIBA IRIAN NIERE NAME RAMA NIER			•	
		 	Under penalty of pe	erjury, I declare and affirm	that I have examined this
	* 8 1 3 6 2	*_		mpanying schodules and st	atements, and that all state
3.3	43	1	contained horein an	e trie and correct.) 1/20/
File Date OO	$\frac{\vee}{\circ}$	– 1	Beth	Transce	1 1/0/10
() \(\) \(\)	d do		Signature of Officer	,	RES. Date
Check No	^^	-	Peter Fra		
By:	(<u>Y</u>	_	Print or Type Name	of Officer	
	~: <u> </u>	ı	President		

Title of Officer

Edward S. Inman, 111, Secretary of Sta Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

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

Johnston

State

Zip

50 Morgan Avenue

5. State of Incorporation

RI

02919

(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

Street Address

50 Morgan Avenue

Johnston Secretary Name

RI

State

Zip

210

02919

50 Morgan Avenue

Street Address

Peter Franco

RI

Zip 02919

Johnston Treasurer Name

None

Street Address

City

State

Zip

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

None

Street Address

City

City

City

Director Name

None Street Address

State

Zip

None

Director Name

None

Street Address

City

State

Director Name

None Street Address

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

100

Common

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, ani

that all statements contained herein are true and correct.

No Par

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

File Date: _

FOR SECRETARY OF STATE USE ONLY

Signature of Officer Peter Franco

President

Print or Type Name of Officer

Title of Officer **₹** ≥ 5

Form 630 12/02

Edward S. Inman, III. Secretary of Stat Corporations Division 100 North Main Street, Providence, RI 02903-135; 401,222,305

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

		401-222-30-K
R _	2002	STOP PITANL READ INSTRUCTIONS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED 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 AVE JOHNSTON 02919 RΙ 4. Business Phone No. 5. State of Incorporation 6. SIC Code 942-0011 RHODE ISLAND 2. 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 AVE 50 MORGAN AVE City State JOHNSTON RI 02919 JOHNSTON RΙ 02919 Secretary Name Treasurer Name Street Address Street Address City City State 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 CabState Zip Director Name Director Name Street Address Street Address City State 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 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



Under penalty of perjury, I declare and affir	rm that I have examined
this report, including any accompanying sc	hedules and statements, and
that all statements contained herein are tru	e and correct.
Veter France	3-12-02
Signature of Officer	Date
Print or Type Name of Officer	 .
1 control type same of Officer	
IBCSIDENT	



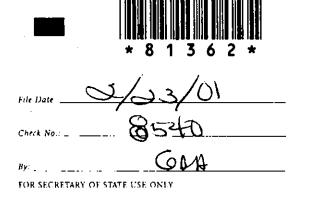
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLAC	K)	•			
1. Corporate ID No 81362	2. Name of Corporation FRANCO BROS.	. INC.			_
3. Street Address Principal Business 0 50 Morgan Ave	ffice		_{City} Johnston	State R I	Zip 02919
4. Business Phone No. 942-0011		S State of Incorporation RHODE ISLAND			6 SIC Code
7. Brief Description of the Character of all aspects of			service business		
8. NAMES AND ADDRESS President Name	ES OF THE OFFICER	S ("X" BOX FOR ATTACHN	MENT) FILL IN SPACES BEFO Vice President Name	ORE USING ATTACHME	NTS
Peter Franco Street Address			Peter Franco Street Address		
50 Morgan Ave	State	7 i p	50 Morgan Ave	State	Zip
Johnston Secretury Name	RI	02919	Johnston Treasurer Name	RI	02919
Street Addréss			Street Address		
City	State	Zip	City	State	Zιρ
9. NAMES AND ADDRESS Director Name	ES OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BE Director Name	EFORE USING ATTACHN	1ENTS
Street Address			Street Address		
City	State	Zip	City	State	Zıp
Director Name	·		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACHM	AENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Senes	Par Value

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

100



1,000 SHS NO PAR VALUE

Under penalty of perjury, I declare and affirm that I have examine	d
this report, including any accompanying schedules and statements	, an
that all statements contained herein are true and correct	
Signature of Officer Date	
Print of Type Name of Officer Franco	
The State of Officer	
F (10	1200

common

no par

James R. Langevin, Secretary of St. Corporations Divis. 100 North Main Street, Providence, RI 02903-12 401-222-30



(FORM MUST BE TYPED IN BI	'ACK)				
1. Corporate ID No.	2 Name of Corporal	tion			`
81362	FRANCO BR				
3. Street Address Principal Busine	ss Office		City	State	Zip
50 Morgan Ave			Johnston	RI	02919
4 Business Phone No.	-	5. State of Incorporat		IVI	6. SIC Code
942-0011		RHODE ISLA	AND		
7. Brief Description of the Charac	ter of Business Conducted in	n Rhode Island			
all aspects of t			ice business		
8. NAMES AND ADDRE				S BEFORE USING ATTA	CHMENTS
President Name			Vice President Name		
PETER FRANCO			PETER FRANCO		
Street Address			Street Address		
50 Morgan Ave			50 Morgan Ave	2	
City	State	Zip	City	State	Zip
Johnston	RΙ	02919	Johnston	RI	02919
Secretary Name			Treasurer Name		V-/-/
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE	SSES OF THE DIRI	ECTORS ("x" BOX FOR	ATTACHMENT) FILL IN SPA	CES BEFORE USING ATI	TACHMENTS
Director Name			Director Name	. ,	
Street Address			Street Address		
City	State	Zıp	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED (*x* box for att	ACHMENT)		("X" BOX FOR ATTACHMEN	(T:
AUTHORIZED SHARES			ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Volue

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

100

* 8 1 3 6 2 *
File Date2\28\00
Check No.: 8092
By:

1,000 SHS NO PAR VALUE

Under penalty of perj	ury, I declare and affirm	n that I have examined
this report, including	any accompanying sch	edules and statements, as
that all statements co	ntained herein are true	and correct.
Lety A	Inno_	2/16/10
Signature of Officer		Date
Fint or Type Name of Offi	1 FRANCE	1
Trant or Type Nume of Offi	(e) 	

common

no par

Jumes R. Lungevin, Secretary of Sic Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-222-30

YEAR 1999

INU	TII CORPORALION	V	ANNUAL REPURI	FUK	IHL	YŁ
iling	Period: January 1-March 1 •		Filing Fee: \$50.00			



TORM MUST BE TITED IN BLAC	K)				
1 Corporate ID No.	2. Name of Corpora				
81362	FRANCO B	HUS. INC.	A:-	•	<u>,</u>
3 Street Address Principal Business 0 50 MORGAN AVE	itres		JOHNSTON	State RI	02919
4. Business Phone No. 942-0011		5. State of Incorpora		•	6. SIC Code
7. Brief Description of the Character of all aspects of th	f Business Conducted i ne restauran	n Rhode Island It and food ser	vice business		· -
8. NAMES AND ADDRESS	ES OF THE OFF	CERS (*X* BOX FOR A	TTACHMENT) . FILL IN SPACES	BEFORE USING ATTA	CHMENTS 7
President Nume PETER FRANCO			Vice President Name PETER FRANCO		,
Street Address 50 MORGAN AVE			Street Address 50 MORGAN AVI	· · · · · · · · · · · · · · · · · · ·	•
JOHNSTON	State RI	02919	· JOHNSTON	State RI	^{zip} 02919
Secretary Name			Treasurer Name	• • •	
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	ES OF THE DIR	ECTORS ("x" BOX FOR	R ATTACHMENT) FILL IN SPAC	ES BEFORE USING ATI	ACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		 .
City	State	Lip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES			11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	· · · · · · · · · · · · · · · · · · ·
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 Trust-

	* 8 1 3 6 2 *
File Date:	MS22,99 -
Check No.:	4709
Ву:	
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, an
that all statements contained herein are true and correct.
Jeta France 2-17-99
Signature of Officer Date
PETER FRANCO Print or Type Name of Officer
Print or Type Name of Officer PRESIDENT
Title of Officer

James B. Langevin, Secretary of St.
Corporations Divisi
100 North Main Street, Providence, RI 02903-13
401-277-30

199

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

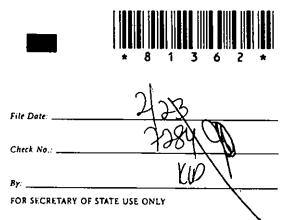
(FORM MUST BE TYPED IN BLACK)

1. Corporate ID 81362

²FRANCO BROS. INC.

3. Street Address Principal Busines:	s Office		City	State	Zip
50 MORGAN AVE		^{5.} AHODE°ISL	JOHNSTON	RI	02919 6. SIC Code
942-0011 7. Brief Description of the Character of Business Cond		•			
8. NAMES AND ADDRES				s	
PETER FRANCO Street Address			Vice President Name PETER FRANCO Street Address		
50 MORGAN AVE			50 MORGAN AV	E	
City	State	Zip	City	State	Zip
JOHNSTON Secretary Name	RI	02919	JOHNSTON Treasurer Name	RI	02919
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FOR	ATTACHMENT) 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 AUTHORIZE AUTHORIZED SHARES	ED (*x* box for att	FACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X" BOX FOR ATTACHMENT)	·
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 Trusti



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, an that all statements contained herein are true and correct.

Signature of Officer
PETER FRANCO

Print or Type Name of Officer

PRESIDENT
Title of Officer



James R. Langevin, Secretary of Stat-Corporations Division 100 North Main Street, Providence, RI 02903-133: 401-277-304t

PROFIT CORPORATION ANNUAL REPORT 1997

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

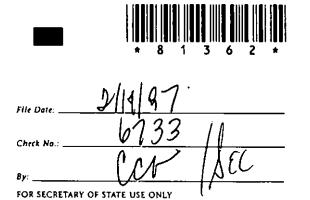
(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

² FRANCO BROS. INC.

3. Street Address Principal Busines	s Office		City	State	Zip
50 MORGAN AVE	,	· S. State of Jacob Page	JOHNSTON	RI	02919 6. SIC Code
942-0011 Brief Description of the Charact	er of Business Conducted		AND		
3. NAMES AND ADDRE	f the rest SSES OF THE OFF	aurant and for	od service busin ACHMENT)	ess	
President Name PETER FRANCO Street Address			Vice President Name PETER FRANC Street Address		
50 MORGAN AVE			50 MORGAN A		
City JOHNSTON Secretary Name	State RI	02919	City JOHNSTON Treasurer Name	State R I	02919
Street Address			. Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) Director Name		
Street Address			Street Address		
Sity	State	Zip	City	State	Zip
Director Name			Director Name		•
Street Address			Street Address		
Сиу	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED AND ISSUED	(*X* BOX FOR ATTACHMEN	r) SSUTE) SHARKS		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAI		, w wild	100	common	no par

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



PRUFII CURPURATION **ANNUAL REPORT**

1996



State of Knode Island and Providence Plantation 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

Check No:

By:

	Ta muse or defendance		PRINT IN BLACK INK.		······································		
1, CORPORATE ID NO.	2. NAME OF CORPORATION						
81362 3. STREET ADDRESS PRINCIPAL BUSINESS OFF	1	ICO BROS. INC.	[atty				
50 MORGAN AVE	NA.		JOHNSTON	STATE	02919		
4. BUSINESS PHONE NO		5 STATE OF ENCORPORATION	······································		6. SIC CODE		
(401) 942-0011		RHODE IS	SLAND		3079		
7. BRIEF DESCRIPTION OF THE CHARACTER OF (BUSINESS CONDUCTED IN RH	DOE ISLAND	Tt 17 (1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/				
all aspects of	the resta	urant and food	service busine	ss			
PRESIDENT NAME	8 H	AMES AND ADDR	ESSES OF THE OF	FICERS			
PETER FRANCO			PETER FRANCO	PETER FRANCO			
STREET ADORESS			STREET ADDRESS				
50 MORGAN AVE			50 MORGAN AVE				
JOHNSTON	STATE RI	ZP 000€ 02919	JOHNSTON	STATE R I	02919		
SECRETARY HAME			TREASUREA NAME				
PETER FRANCO	· · · · · · · · · · · · · · · · · · ·		PETER FRANCO				
50 MORGAN AVE	TSTATE	Z7P C00€	50 MORGAN AVE	T STATE	ZIP COOE		
JOHNSTON				1	02919		
	9 : N	AMES AND ADDR	JOHNSTON ESSES OF THE DI	RECTORS.			
ORECTOR NAME			DIRECTOR NAME				
STREET ADORESS		· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS				
ατγ	STATE	ZP CODE	απν	STATE	ZIP COOE		
DIRECTOR NÂME			DIRECTOR NAME				
STREET ADORESS			STREET ADDRESS				
αιγ	STATE	ZIP COO€	āiy ·	STATE	ZIP COOE		
	1 0 .	SHARES AUTHOR	IZED AND ISSUED				
	AUTHORIZED SHARES			ISSUED SHARES			
MUMBER OF SHARES	CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	CLASS / SERTES	PAR VALUE		
1,000 SHS NO PAR VALUE			100	common	no par		
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		·····					
		This report marks 5 = 014	CAICO IN INIV by side a re-				
Drog	idant Maa Dra		GNED IN INK by either th	E . D			

President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, and the all statements contained herein are true and correct.

File Date: Signature of Officer

PETER FRANCO

Print or Type Name of Officer

PRESIDENT Title of Officer

For Secretary of State Use Only

FORM 31 12/95

DETACH BOTTOM BEFORE RETURNING

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street

100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPORT

Please Type or Prin File Annually – Jan. 1 - March Filing Fee \$50.0

Make Checks Payable to: Secretary of Stat

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

008 Corporate ID:	1562		Annual Report for t	1995 the year:		
Name of Corporation:	FRANCO BR			,		
Business entity organized und For foreign entity, address and	ler the laws of the State of:	ipal office:	Kx Business C	Business Entity is (check one): [KX] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)		
Phone: .() Address and telephone of the Island (Provide street address .50Morgan_Av.enJohns.tonRhode	principal office of business - Not P.O. Box): ue	entity in Rhode	Brief statement all_asp	of the character of business conducted ects_of_the_restaur rvice_business	ant_&	
Phone ()						
	·	THE NAMES	OF THE OFFICERS AF	 RE:		
PRESIDENT PRANCO		STI	REET ADDRESS	CITY/STATE	ZIP CODÎ	
PETER FRANCO VICE PRESIDENT	50		VENUE JOHNSTON	CITY/STATE	ZIP CODI	
PETER FRANCO			REET ADDRESS	CITY/STATE	ZIP COD:	
PETER FRANCO	11		11 11 11 11 11 11 11	tt tt tt tt	Zii COZ.	
TREASURER FRANCO		STF	REET ADDRESS	CITY/STATE	ZIP CODI	
	<u> </u>	THE NAMES C	OF THE DIRECTORS A	RE:		
NAME			REET ADDRESS	CITY/STATE	ZIP CODI	
NAME.		STI	REET ADDRESS	CITY/STATE	ZIP CODI	
NAME		<u>s</u> tī	REET ADDRESS	CULYSTATE	ZIP CODI	
NUMBER OF SHARES AUTI	IORIZED (Rider may be attac	ched)	NUMBER OF SHAR	ES ISSUED AND OUTSTANDING (Rid	er may be attached)	
Number of Shares	Class / Series	·	Number of Shares	Class / Series		
1000	common		100	common		
Date 3/23	19_ <i>5</i> _5	B)	PETER FRANCO	Track III		
Form 31 1/95		TIT	THE OF OFFICER SIGNING	·- · · · · · · · · · · · · · · · · · ·		
	DESIGNAT ED	REGISTERE	<u>D AGE</u> NT FOR SERVICE	CE 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 2 8 1995

By Ce 7126