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)

1. Corporate ID No.	2. Name of Corporation			
95763	Michael's Meats, Inc.			
3. Street Address Principal Business Office: 2368 MENDON RD.		City: CUMB	State: RI	Zip: 02864
4. Business Phone No.: 401 658-1717	5. State of Incorporation: RHODE ISLAND			6. SIC Code: 0

7. Brief Description of the Character of Business Conducted in Rhode Island: TO CARRY ON GENERALLY THE BUSINESS OF A GROCER.

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

	President Name	Street Address	City	State	Zip
	ROBIE F. BOZEK	2 TERRACE AVE	CUMB.	RI	02864

	Vice President Name	Street Address	City	State	Zip
	SAME				

	Secretary Name	Street Address	City	State	Zip
	SAME				

	Treasurer Name	Street Address	City	State	Zip
	SAME				

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

	Director Name	Street Address	City	State	Zip
	NONE				

	Director Name	Street Address	City	State	Zip
	NONE				

	Director Name	Street Address	City	State	Zip
	NONE				

	Director Name	Street Address	City	State	Zip
	NONE				

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

AUTHORIZED SHARES			ISSUED SHARES: NONE		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE					

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

[redacted] [redacted]

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

ROBIE F. BOZEK — *Print or Type Name of Officer* — Date: 2/26/05

PRES. — *Title of Officer*

[redacted]

FILED

File Date MAR 0 1 2005

Check No. 2904

By: By

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

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 1 - March 1** • **Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
95763	Michaels Meats Inc		
3. Street Address Principal Business Office	City	State	Zip
2368 Mendon RD	Cumberland	RI	02864
4. Business Phone No.	5. State of Incorporation	6. SIC Code	
401-658-1717	Rhode Island		

7. Brief Description of the Character of Business Conducted in Rhode Island
To Carry on Generally the Business of a Grocer

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

President Name	Vice President Name
Robie F Borck	Same
Street Address	Street Address
2 Terrace Ave	
City / State / Zip	City / State / Zip
Cumberland RI 02864	
Secretary Name	Treasurer Name
Same	Same
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)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES None		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
8,000	No Par Value				

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

FILED
NOV 09 2004
By AMF

[redacted]

File Date _____
Check No. 49510
By: _____
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Robie F Borck — 11/9/04
Signature of Officer — *Date*

Robie F Borck
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 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			
95763	Nichols Nuts Inc			
3. Street Address Principal Business Office		City	State	Zip
2368 Mendon Rd		Cumberland	RI	02864
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-658-1717	Rhode Island			

7. Brief Description of the Character of Business Conducted in Rhode Island
To Carry on Generally the Business of a Grocer

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

President Name			Vice President Name		
Rubie F Buck			Same		
Street Address			Street Address		
2 Terrace Ave					
City	State	Zip	City	State	Zip
Cumberland	RI	02864			
Secretary Name			Treasurer Name		
Same			Same		
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)* ☐ 11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES None		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
5,000	No Par Value				

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

FILED
NOV 09 2004
By Amc

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NOV 9 11 25 AM '04
SECRETARY OF STATE
CORPORATIONS DIV

49516

File Date _____

Check No. _____

By: _____

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.

Rubie F Buck — 11/9/04
Signature of Officer — *Date*

Rubie F Buck
Print or Type Name of Officer

President
Title of Officer

Form 630 Rev. 12/03

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 2002

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			
95763	MICHAELS MEATS INC			
3. Street Address Principal Business Office		City	State	Zip
2368 MENDON RD		CUMBERLAND	RI	02864
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-658-1717	RHODE ISLAND			

7. Brief Description of the Character of Business Conducted in Rhode Island
TO CARRY ON GENERALLY THE BUSINESS OF A GROCER

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

President Name			Vice President Name		
ROBIN F BORCK			SAME		
Street Address			Street Address		
2 TERRACE AVE					
City	State	Zip	City	State	Zip
CUMBERLAND	RI	02864			
Secretary Name			Treasurer Name		
SAME			SAME		
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)* ☐ 11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES NONE		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
5,000	NO PAR VALUE				

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

FILED

NOV 09 2004

By AMF

[redacted]

File Date _____

Check No. 4950

By: _____

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STATE OF RHODE ISLAND
CORPORATIONS DIV.
2004 NOV 9 AM 11:25

[redacted]

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.

Robin F B 11/5/04

Signature of Officer *Date*

ROBIN F BORCK

Print or Type Name of Officer

PRESIDENT

Title of Officer

Form 630 Rev. 12/03

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 2001

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			
95763	MICHAELS MEATS INC			
3. Street Address Principal Business Office		City	State	Zip
2368 NEWPORT RD		CUMBERLAND	RI	02864
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-658-1717	RHODE ISLAND			

7. Brief Description of the Character of Business Conducted in Rhode Island
TO CARRY ON GENERALLY THE BUSINESS OF A GROCER

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

President Name			Vice President Name		
ROBIE F BOZEK			SAME		
Street Address			Street Address		
2 TERRACE AVE					
City	State	Zip	City	State	Zip
CUMBERLAND	RI	02864			
Secretary Name			Treasurer Name		
SAME			SAME		
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) ☐ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES NONE		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE				

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

FILED
NOV 09 2004
By AME
49510

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.

Robie F Bozek 11/9/04
Signature of Officer *Date*

Robie F Bozek
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

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 1999

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 95763	2. Name of Corporation: Michaels Meats Inc			
3. Street Address Principal Business Office: 2368 Mendon Road	City: Cumberland	State: RI	Zip: 02864	
4. Business Phone No. 401-658-1717	5. State of Incorporation: Rhode Island		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island: To carry on generally the business of a grocer				

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

President Name: Robie F Bozek			Vice President Name: Same		
Street Address: 2 Terrace Ave			Street Address		
City: Cumberland	State: RI	Zip: 02864	City	State	Zip
Secretary Name: Same			Treasurer Name: Same		
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: None			Director Name: None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name: None			Director Name: None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES			ISSUED SHARES: None		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	No Par Value				

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

FILED
NOV 0 9 2004
By AMF

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SECRETARY OF STATE
CORPORATIONS DIV.
NOV 9 11 25 AM '04
49510

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] 11/9/04
Signature of Officer *Date*

Robie F. Bozek
Print or Type Name of Officer

President
Title of Officer

File Date ____________
Check No. ____________
By: ____________
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

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 2000

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*		
95763	MICHAELS MEATS INC		
3. Street Address Principal Business Office	*City*	*State*	*Zip*
2368 NEWPORT RD	CUMBERLAND	RI	02864
4. Business Phone No.	*5. State of Incorporation*		*6. SIC Code*
(401) 658-1717	RHODE ISLAND		

7. Brief Description of the Character of Business Conducted in Rhode Island
TO CARRY ON GENERALLY THE BUSINESS OF A GROCERY

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

President Name			*Vice President Name*		
ROBIE F BOUCK			SAME		
Street Address			*Street Address*		
2 TERRACE AVE					
City	*State*	*Zip*	*City*	*State*	*Zip*
CUMBERLAND	RI	02864			
Secretary Name			*Treasurer Name*		
SAME			SAME		
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)* ☐ **11. SHARES ISSUED** *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES NONE		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
8,000	NO PAR VALUE				

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

FILED

NOV 09 2004

By AMF

[redacted]

[redacted]

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.

11/9/04
Signature of Officer *Date*

ROBIE F BOUCK
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

RECEIVED
SECRETARY OF STATE

Form 630 Rev. 12/03

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 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
95763	Michael's Meats, Inc.

3. Street Address Principal Business Office	City	State	Zip
2368 MENDON RD.	CUMBERLAND	R.I	02864

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401 658-1717	RHODE ISLAND	

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

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

President Name	Vice President Name
ROBIE F. BOZEK	SAME
Street Address: 89 ROBINSON AVE.	Street Address:
City: PAWT. State: R.I Zip: 02861	City: State: Zip:
Secretary Name: SAME	Treasurer Name: SAME
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
NONE	NONE
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:
Director Name: NONE	Director Name: 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
8,000 NO PAR VALUE		

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

ISSUED SHARES: NONE		
Number of Shares	Class/Series	Par Value

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

[redacted]

* 9 5 7 6 3 *

File Date: 2/25/98

Check No.: 4453

By: RCV

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Robie F Boz 2/24/98
Signature of Officer *Date*

ROBIE F. BOZEK
Print or Type Name of Officer

PRESIDENT
Title of Officer