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

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

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

2298 WEST SHORE ROAD

1. Corporate 1D No.

4. Business Phone No.

4017326499

RESTAURANT

54966

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401,222,3040

Zip

02886-

6. SIC Code

3081

State

RI

				2005
PROFIT CO	RPORATION A	NNUAL REPO	RT FOR THE YI	EAR 2005

5. State of Incorporation

RHODE ISLAND

PETER'S CONEY ISLAND SYSTEM INC.

8. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR	ATTACHMENT) TILL IN S Vice President Name	PACES BEFORE USING A	TTACHMENTS
Peter A. Stevens			Robin L. Steve	ns	
Street Address		•	Street Address		
91 Priscilla Ave	nue		91 Priscilla A	venue	
City	State	Zip	*City	State	Zip
Warwick	RI	02889	Warwick	RI	02889
Secretary Name			Treasurer Name		
Robin L. Stevens			Peter A. Steve	ns	
Sircei Address	-	•	Street Address	· · ·	
91 Priscilla Ave	nue		91 Priscilla A	venue	
City	State	Zip	City	State	Zip
Warwick	RI	02889	Warwick	RI	,02889
9. NAMES AND ADDRE Director Name	SSES OF THE DIR	ECTORS ("X" BOX FO	RATTACHMENT) FILL IN Director Name	SPACES BEFORE USING	ATTACHMENTS
Street Address			Street Address		
City	State	Zip !	·City	State	Zip
Director Name	• •	·•	Director Name		. 1
Street Address			Street Address		
Ciny	State	Zip	City	State	Zip
10. SHARES AUTHORIS	ZED ("X" BOX FOR	ATTACHMENT)		X" BOX FOR ATTACHMEN	<i>∀n</i> □ ˙
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
600 COMM NO PAR \	/ALUE		600	Common	No Par Value
*54966 DBC 01/11/0 File Date 2 Check No. 5 4		er the President, Vice	this report, includir	erjury. I declare and affirming any accompanying schements contained herein are tr	that I have examined dules and statements.
B_{Σ}	A-		Print or Type Name of		
FOR SECRETARY OF STAT	TE LISE ONLY	-	PRESIDENT	<u> </u>	Form 630 12/01

WARWICK



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1 Corporate ID No. 2. Name of Corporation PETER'S CONEY ISLAND SYSTEM INC. 54966 State 3 Street Address Principal Business Office Zip 2298 WEST SHORE ROAD WARWICK RΙ 02886 5 State of Incorporation 4 Business Phone No. 6 SIC Code RHODE ISLAND 3081 4017326499 7 Brief Description of the Character of Business Conducted in Rhode Island RESTAURANT 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Peter A. Stevens .Robin L. Stevens Sireet Address Street Address . 91 Priscilla Avenue 91 Priscilla Avenue City City Zip State Zip Warwick RΙ 02889 Warwick RI 02889 Treasurer Name Secretary Name Peter A. Stevens Robin L. Stevens Street Address Street Address '91 Priscilla Avenue .91 Priscilla Avenue Cuy City State Ζιр State $Z\psi$ RI 02889 Warwick RΙ Warwick 02889 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR. TACHMENT) I FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address Cuy State Zip City State Zip Director Name Director Name Street Address Street Address State $r \bar{\kappa}$ City Zıp State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 🗍 AUTHORIZED SHARES ISSUED SHARES Number of Shares Par Value Number of Shares Class/Series Par Value Class/Series 600 COMM NO PAR VALUE 600 Common No Par Value 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. *54966 DBC 02/11/04 File Date Check No Peter A. Stevens Frint or Type Name of Officer HRES (DENS FOR SECRETARY OF STATE USE ONLY

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) L. Corporate ID No. 2 Name of Corporation 54966 PETER'S CONEY_ISLAND SYSTEM INC. 3. Street Address Principal Business Office State Zφ 2077 West Shore Road, Warwick, RI 02886 4. Business Phone No. 6 SIC Code 401-732-6499 RHODE ISLAND 3081 7 Brief Description of the Character of Business Conducted in Rhode Island Restaurant 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Peter A. Stevens Robin L. Stevens Street Address Street Address 99 Priscilla Avenue 99 Priscilla Avenue State Z_{1p} State Zip Warwick RI 02889 Warwick RI 02889 Secretary Name Treasurer Name Robin L. Stevens Peter A. Stevens Street Address Street Address 99 Priscilla Avenue 99 Priscilla Avenue Zip Cav state Zee Warwick RI 02889 Warwick RΙ 02889 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None Street Address Street Address State Z:p f. ft C_{\bullet} Director Name Street Address . Street Address State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (TNT BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHORES Number of Shares Class/Series Par Value Number of States Class/Series Par Value 306 COMM NO PAR VALUE 600 No Par Value Common 600

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

AUG 14 2003 By kmc		
C 3085A	May on o	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and the all statements contained herein are true and correct
File Date		Ster a Ster 7/30/03 _
Che, & No	USA; 1	Peter A. Stevens
8∵	7	* Print in Type Name († Officer
FOR SECRETARY OF STATE USE ONLY		_President

Ittle of Officer -E. 7: 5 Form 634 1201

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PITAM READ INSIRECTIONS

(FORM MUST BE TYPED IN BLAC	(K)					
1. Corporate ID No.	2 Name of Corporation					
54966	PETER'S CONE	Y ISLAND SYSTEM	INC.			
3 Street Address Principal Business O	Mice	,	City	State		Zip
2077 West Shore	Road, Warwick,	RI 02886	·	J		2 ip
4. Business Phone No.		5 State of Incorporation				6 SIC Code
401-732-6499		RHODE ISLAND				3081
7. Brief Description of the Character o Restaurant	f Business Conducted in Rh	ode Island				300.
8. NAMES AND ADDRESS	ES OF THE OFFICE	RS ("X" BOX FOR ATTACHI	==	ORE USING A	TTACH	IMENTS
Peter A. Stevens			Vice President Name Robin L. Stevens			
Street Address						
99 Priscilla Aver	nue		Street Address 99 Priscilla Avenu	ie		
City	State	Zıp	City	State		Zip
Warwick	RI	02889	Warwick	RI		02889
Secretary: Name			Treasurer Name			
Robin L. Stevens			Peter A. Stevens			•
Street Address			Street Address			
99 Priscilla Ave			99 Priscilla Avenu	ıe		
City Manual ale	State RI	Zip 02889	City	State	E=1	02889
Warwick			Warwick	RI	·	02889
9. NAMES AND ADDRESSE Director Name	S OF THE DIRECT	ORS ("X" BOX FOR ATTAC		EFORE USING	ATTAC	CHMENT'S
None 🕮			Director Name			
Street Address .		•	6			· -
. (1) € 1			Street Address		(1) (1)	т. На та
City 13 1	State	Zip	City	. .	• • •	1 C7
11.			City	State	٠.	Ζ φ΄
Director Name			Director Kame		<u></u>	eta 1
11)						
treet Address			Street Address			•
City	State	Zip	Crty	State		Zıp
10SHARES AUTHORIZED	("X" BOX FOR ATTACHM	(ENT)	11. SHARES ISSUED ("X" B)	OX FOR ATTACH	MENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series		Par Value
300 COMM NO PAR VALUE 600			600	Common		No Par Value
	FILED					
his tenort must be signed						

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

	C 3085 A	7 7 30
ile Date:		
Check No		
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 stathat all statements contended herein are true and correct.	atements, an
that all statements consumed herein, are true and correct.	,

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	~ I.T	, ,
ignature of Officer L	 Date	
Peter A. Stevens		

Peter A. Stevens	
Print or Type Name of Officer	

President	
Title of Officer	-

د مین

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. 2. Name of Corporation 54966 PETER'S CONEY ISLAND SYSTEM INC. 3 Street Address Principal Business Office State Zip 2077 West Shore Road, Warwick, RI 02886 5 State of Incorporation 6 SIC Code 401-732-6499 RHODE ISLAND 3081 7 Brief Description of the Character of Business Conducted in Rhode Island Restaurant 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Peter A. Stevens Robin L. Stevens Street Address Street Address 99 Priscilla Avenue 99 Priscilla Avenue City Zip State 02889 02889 Warwick RΙ Warwick RI Secretary Name Treasurer Name Robin L. Stevens Peter A. Stevens Street Address Street Address 99 Priscilla Avenue 99 Priscilla Avenue City State City Warwick RΙ 02889 RI Warwick 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT Director Name Director Name None Street Address Street Address City Zip Cin State Director Name Director Name ٠. Street Address ... Street Address 121 City State Zıp 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 Por Value 300 COMM NO PAR VALUE 600 Common No Par Value 600 FILED AUG 14 2003 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 3085A 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 Regein are true and correct <u>J∃7 : Peter</u> A. Stevens Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY President

> Title of Officer < 32 · 5

Form 630 12/01

FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, III. Secretary of State Corporations Division

100 North Main Street, Providence, RI 02903-1335

401-222-3040

Form 630 12101

(FORM MUST BE TYPED IN BLA	(CK)				INSTRUCTIO
1 Corporate ID No.	2 Name of Corporation				<u></u>
54,966		Y I <u>SLA</u> ND SYSTEM	INC.		
3. Street Address Principal Business	Office		City	State	Zıp
2077 West Shore 4 Business Phone No.	Road, Warwick,	5 State of Incorporation			6 SIC Code
401-732-6499 7 Brief Description of the Characte	of Business Conducted in Rh	RHODE ISLAND ode Island			3081
8. NAMES AND ADDRES President Name	SES OF THE OFFICE	RS ("X" BOX FOR ATTACH	(MENT) FILL IN SPACES B	EFORE USING A	TTACHMENTS
Peter A. Stevens	5		Vice President Name Robin L. Stevens		
Street Address			Street Address		
99 Priscilla Ave	-	_	99 Priscilla Ave	nue	
City Marris ale	State D T	Ζιρ 0.2000	City	State	Zip
Warwick Secretary Name	RI	02889	Warwick	RI	02889
Robin L. Stevens	3		Treasurer Name Peter A. Stevens		
99 Priscilla Ave			Street Address 99 Priscilla Ave:	nue	
City	State	Zip	City	State	Zip
Warwick	RI	02889	Warwick	RI	02889
9. NAMES AND ADDRES!	SES OF THE DIRECT	ORS ("X" BOX FOR ATTAC		BEFORE USING	ATTACHMENTS
			Director Name		
None Street Address			Street Address		(3) (3)
City	State	Zip	City	State	Zip. 45
Director Name:			Director Name		
Street Address 🚶 📆			Street Address		<u> </u>
City	State	Zıp	City	State	Zip
10., SHARES AUTHORIZEI authorizei) shares) ("X" BOX FOR ATTACHN	(ENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACH	MENT) · · · · · · · · · · · · · · · · · · ·
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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600	F	ILED		Соншюн	no rat varue
•	AUG	1 4 2003			
his report must be signe	d in ink by gether t	he President, Vice Pr	esident. Secretary: Assist.	ant Secretary Ti	easurer, Receiver or Trust
				and occidency, in	casuler, Receiver of Hust
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			I'nder panales of meric		
		धी, सि १५ ६	this report, including a	iry, i deciate and a any accompanyina	iffirm that I have examined g schedules and statements, an
		. Dr. Rd 11 \$	that an stakements con	itsiped herem are	true and correct
61. 10			////	1111	
File Date:	_		4		~ /~ / ^ · · ·

. Peter A. Stevens Print or Type Name of Officer

President Title of Officer **€** ≥ 5

Form 639 12/91

Time Terrout juni	uury 1-march 1	N ANNUAL R • Filing Fee: \$50.0	EPORT FOR T	HE YEAR 19	999 PHASER INSTRUCT
(FORM MUST BE TYPED II	N BLACK)				(Market)
1. Corporate ID No.	2. Name of Co	•			
54966		CONEY ISLAND SYS	TEM INC.		
3. Street Address Principal Bu			City	State	Zip
4 Business Phone No.	ore Road, War				
401-732-6499		5. State of Incorporat			6. SIC Code
7. Brief Description of the Ch	practes of Rusiness Candi	RHODE ISLA	טא		3081
Restaurant	eracce of Danness Conda	ira in knoae island			
	DESSES OF THE C	OFFICERS ("X" BOX FOR AT			
President Name	RESSES OF THE (ALLICIENS CAL BOX FOR AL	TACHMENT) FILL IN SPAC Vice President Name	ES BEFORE USING AT	TACHMENTS
Peter A. Stev	vens		Robin L. Stev	ens	
Street Address			Street Address	CIIG	
99 Priscilla	Avenue		99 Priscilla	Avenue	
City	State	Zip	City	State	7:0
Warwick	RI	02889	Warwick	RI	02889
secretary: Name			Ireasurer Name		-
Robin L. Ste	vens		Peter A. Stev	ens	
Street Address			Street Address		
99 Priscilla	Avenue		99 Priscilla	Avenue	
lity	State	Zip	City	State	Zip
Warwick	RI	02889	Warwick	RI	02889
D. NAMES AND ADD. Director Name	RESSES OF THE D	IRECTORS ("X" BOX FOR A	NTTACHMENT) FILL IN SPA	CES BEFORE USING A	TTACHMENTS
			Director Name		
None					
			Street Address		
an Company	State	Zip			
		219	City	State	CD Zip
Orector Name			Nicosana Nicosa		23
			Director Name		
treet Addréss	•		Street Address		
.)		MOTEL ABBRESS		
ity ====================================	State	Zip	City	State	
			·		Zıp
O. SHARES AUTHORI	IZED ("X" BOX FOR	TTACHMENT)	11. SHARES ISSUED	· ("X" BOX FOR ATTACHM	PAITI
UTHORIZED SHARES			ESSUED SHARES	A DON FOR ATTACHM	EN(I)
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 COMM NO PAR V	ALUE -	u ET)	600		
600	r	ILED	000	Common	No Par Value
	(5 1 4 2003 Em			
	JUA	1 Y UNC			
nis report must be si	igned in ink⊐bw e	ither the President Vic	e President Socrator 4.	reiesams C	
•	्र्रं	3085 A	e President, Secretary, As	sistant Secretary, Tre	asurer, Receiver or Trus
. •		2003			

	that all statements contained horein are true and correct.
ale Date:	- 1th 1 tim 8/8/02
heck No :	Signature of Officer Date
y·	Print or Type Name of Officer
OR SECRETARY OF STATE USE ONLY	President
	Title of Officer

₹

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No	2. Name of C	•			
54966		S CONEY ISLAND SYSTE	EM INC.		
3 Street Address Principal Business C	-		City	State	Zip
2077 West Shore	Road, War	rwick, RI 02886			- 7
Business Phone No.		5 State of Incorporation	•		6 SIC Code
401-732-6499		RHODE ISLANI			3081
Brief Description of the Character of	of Business Cond	ucted in Rhode Island			
Restaurant					
. NAMES AND ADDRESS	ES OF THE	OFFICERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES BEF	ORE USING	G ATTACHMENTS
resident Name			Vice President Name		
Peter A. Stevens			Robin L. Stevens		
reet Address			Street Address		
99 Priscilla Ave			99 Priscilla Aven	ue	
	State D T	Zip 0.2000	City	State	Zip
Warwick	RI	02889	Warwick	RI	02889
Robin L. Stevens			Treasurer Name		
reet Address			Peter A. Stevens		
99 Priscilla Ave			Street Address		,
ty	State	7:-	99 Priscilla Aven	ue	
Warwick	RI	Zip	City	State	Zip
		02889 Directors ("x" box for at)	Warwick	RI	02889
rector Name	S OF IRE	DIRECTORS ("X" BOX FOR AT)	TACHMENT) FILL IN SPACES BI Director Name	EFORE USU	NG ATTACHMENTS
None			Director , same		
reet Address			Street Address		i.
== ===					
<i>b</i>	State	Zip	City	State	Zip.
rector Name			Director Name		- 10 - 10 - 10
en e					
eet Address			Street Address		
					(A) (1)
ly -	State	Zıp	City	State	Zıp
SHARES ATTRODIZED	feve nov ron		II CHADEC ICCI:ET /ava s.	V FOR 4999.	
D., SHARES, AUTHORIZED THORIZED SHARES	("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (*X* BC	JX FUR ALIA	CHMENT)
THORIZED SHARES			ISSUED SHARES	JA FUR ALIA	CHMENT)
THORIZED SHARES mber of Shares	Class/Series	FILED	ISSUED SHARES Number of Shares	Class/Senes	CHMENT) Par Value
THORIZED SHARES imber of Shares 300 COMM NO PAR VALUE	Class/Series	FILED	ISSUED SHARES		Par Value
THORIZED SHARES omber of Shares	Class/Series	FILED AUG 1 4 2003	ISSUED SHARES Number of Shares	Class/Series	Par Value
D., SHARES, AUTHORIZED UTHORIZED SHARES Umber of Shares 300 COMM NO PAR VALUE 600	Class/Series	FILED	ISSUED SHARES Number of Shares	Class/Series	Par Value

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

FOR SECRETARY OF STATE USE ONLY

that all statements copequed Mergin are true a	nd correct
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UL / M.	8/4/12
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•	, ,,	
X resolutat	President	

Title of Officer della s

Form 630 12/01

Form 630 12/01

A P 1997

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

		Filing Fee: \$50.0	U		INSTRUCTION
(FORM MUST BE TYPEL 1. Corporate ID No.					
549 <u>6</u> 6	2. Name of Corp		VCTEN INC		
3 Street Address Principal	Business Office	S CONEY ISLAND S			
	ore Road, Warwi	ck, RI 02886	City	State	Zip
4 Business Phone No.	,	5. State of Incorporat	tion		6 510 5-2
401-732-6499	1	RHODE ISLA			6 SIC Code 3081
7. Brief Description of the	Character of Business Conducte	d in Rhode Island			•
Restaurant					
8. NAMES AND AT	DRESSES OF THE OF	FICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPAC	ES BEFORE USING AT	TACHMENTS
Peter A. Ste	Venc		Vice President Name		
Street Address	VCIIS		Robin L. Stev	rens	
99 Priscilla	Avenue		Street Address		
City	State	Zip	99 Priscilla		
Warwick	RI	02889	Warwick	State RI	7ip 02000
Secretary Name			Treasurer Nume	KI	02889
Robin L. Ste	evens		Peter A. Stev	rens	
Street Address			Street Address		
99 Priscilla	Avenue		99 Priscilla	Avenue	
City	State	Zip	City	State	Žip
Warwick	RI	02889	Warwick	RI	02889
9. NAMES AND AD Director Name	DRESSES OF THE DI	RECTORS ("X" BOX FOR		CES BEFORE USING A	
None			Director Name		
Street Address			Street Address		()
:	3		street Address		
City	State	Zip	City	State	₩ .
<i>t</i>	-		·	31411	Zip
Director Name	eri V		Director Name		- <u> </u>
i a	<u>:</u>				
Street Address			Street Address		
- City	State	7.0	A111		
		Zip	City	State	Zip
10., SHARES_AUTHO	RIZED ("X" BOX FOR AT	TACHMENT)	11 CHARGE ICCUER		
AUTHORIZED SHARES			ISSUED SHARES	("X" BOX FOR ATTACHM	ENT) · · · · · · · ·
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
00 300 COMM NO PAR	VALUE		600	Common	No Par Value
This report must be	signed in ink by eit	her the President, Vic	e President, Secretary, As	ssistant Secretary Tre	asurer, Receiver or Trustee
	FILED		71	, 110	assici, receiver of mastee
	الما الما الما الما الما الما الما الما				
	AUG 14 2003				
			Under penalty of	perjury. I declare and aft	firm that I have examined
	By Youc	9), p	this report) includ	ling any accompanying :	chedules and statements, and
f:1 p	(3085A	ं व	that all statement	s consdined herein are ti	ue and correct
File Date:	<u></u>	 _	11/	Cestra	8/4/12
Check No		<i>i i</i>	Signature of Officer	- Lywe	Date of 100
			Peter A. St	evens	
Ву:		٠.٠	Pent or Type Name of		
FOR SECRETARY OF STATE	USE ONLY	·—-	President		
			Title of Officer		

د دریت ۲

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) 277-3040

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

			PLEASE TYPE OR P	RINT IN BLACK INK.		
1. COR	PORATE ID NO	2, NAME OF CORPORATION				
3 STR	54966 EET ADORESS PRINCIPAL BUSINESS OFFICE		S CONEY ISLAND	SYSTEM INC.	STATE	ZTP CODE
	2077 West Shore	Road		Warwick	RI	02886
4. BUS	NESS PHONE NO.		5, STATE OF INCORPORATION			6 SIC COOE
	732-6499		RHODE IS	SLAND		3081
7. BRE	F DESCRIPTION OF THE CHARACTER OF BUS	SINESS CONDUCTED IN RHOOE ISL	AND			
	retail sale and	preparation	of food and all	lied uses		
		8. HAM	ES AND ADDR	ESSES OF THE OFFI	CERS	
PRESIO	en wwe Peter A. Steven	s		WCE PRESIDENT NAME Robin L. Stevens		
STREET	ADDRESS 99 Priscilla Av	e.		stret address 99 Priscilla Ave.		
αпγ	Warwick	STATE RI	æ∞ 02889	Warwick	state RI	zи соок О2889
SECRET	Robin L. Steven	s		reasurer name Peter A. Stevens		
STREET	naioness 99 Priscilla Av	e.		sirei adoress 99 Priscilla Ave.		
ŒΤΥ	Warwick	STATE RI	7F 000E 02889	on Warwick	SIATE RI	ze cooi: 02889
		9. NAM	ES AND ADDR	ESSES OF THE DIRE	CTORS	
DIRECT	OR HAVE	_		DIRECTOR NAME		
	Peter A. Steven	S		Robin L. Stevens		
SIMEE	ADORESS 99 Priscilla Av	Δ.		5TREET ADDRESS 99 Priscilla Ave.		
crity		STATE	ŻP C00€	ony	SIATE	7. ZP COOE
4 11	Warwick	RI	02889	Warwick	RI	02889
DIRECT	ZWAN ROT			DIRECTOR HAME		
STREET	T ADDRESS			STREET ADDRESS		
CITY		STATE	. 300C PES	an	STATE	z= ċ00€
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			ARES AUTHORI	IZED AND ISSUED		
	NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	MUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	. PAR VALUE
	uewanni en eranta	VECTOR I VECTOR	i na value	numaen of arrenta	WAS / SUNCE	· FRITTINGE
	600 SHS NO F	PAR COM		200	common	no par
	-					

This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



2/1/96 2755 CC/W 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.

Mu. Signature of Officer

Peter A. Stevens Print or Type Name of Officer

Pres.

Title of Officer

Date

State of Knode 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 1 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:	0074366				_ Anr	ual Report for	r the year:	1995	
Name of C	`ornoration		ER'S CONE							
Business ent For foreign o	tity organize entity, addre	d under the laws of	the State of:R mber of principal o	_I_,			Business Entity [X] Business	y is (check one): Corporation (Se	e RIGL Chapter 7-1.1)	
							Troicssio	mai service Corp	Mation (See RIGE Cit	apter 7-3.1)
Phone: (<u>reta</u>	<u>il sale</u>	r of business conducted nad prepara	tion_of
		of the principal office		in Rhoo	de				ied uses	
island (Provi	2077 We	dress - Not P.O. Bo est Shore	(): Rd.							
W	larwic)	k, RI 028	86							
		<u>-</u>	ТНЕ	ENAM	ES OF	THE (OFFICERS A	RE:		
		A. Stevens		99 P	STREET /	illa	Ave.	CITY/	STATE Ck, RI	02889
	obin L.	Stevens		same	STREET /	ADDRESS		СПҮ/	STATE	ZIPCODE
	obin L.	Stevens		same	STREET A	ADDRESS		CITY/	STATE	7JP CODE
TREASURER P	eter A.	Stevens		same	STREET A	DDRESS	_	СПҮ/	STATE	ZIP CODE
NAME			THE	NAME	S OF T	HE D	IRECTORS A			
Pe	eter A.	Stevens	9	99 Pr	STREET A	la Av	e.	Warwic	STATE CK, RI	02889
	obin L.	Stevens		same	STREET A	ADDRESS	·	CITY/	STATE	ZIP CODE
NAME					STREET A	ADDRESS	_	CITY	STATE	ZIP CODE
NUMBER OF	SHARES A	AUTHORIZED (Ride	er may be attached)			NU	MBER OF SHA	RES ISSUED AN	D OUTSTANDING (Rid	er may be attached)
Number of S 60		Class / S	on-no par	-		Nu	imber of Shares		ass / Scries	
		3.1.	on no par				200	C	ommon-no par	
 Date		4/27				Pete	ta Cé er A. Stev) Ste	Wen	
Form 31 1/95					PRINT OR	TYPE NA	ME OF OFFICER SIC			
		DES	IGNATED RE	GISTE	RED A	GENT	FOR SERVI	ICE OF PROC	CESS:	

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

JOSEPH J. MC GAIR 797 BALD HILL ROAD WARWICK RI 02886 007 0 2 1995 Wice 267/

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335

JOSEPH J. MC GAIR 797 BALD HILL ROAD

RI 02886

WARWICK

401-277-3040

Corporate ID:

0054966

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

1995

FILED

FEB 2 2 1995

Annual Report for the year:

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

Name of	Corporation: PETER 'S	CONEY IS	SLAND SYS	TEM INC.				
Business e	ntity organized under the laws of the State n entity, address and telephone number of N/A			Business Entity is (check one): [X] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)				
) and telephone of the principal office of busiovide street address - Not P.O. Box): 2077 West Shore Rd.	ness entity in Rhoc	de	reta	tement of the character of business conducted in Rhode Island: cetail sale nad preparation of cood and allied uses			
	Warwick, RI 02886							
Phone: (401) 732-6499				•			
		THE NAM	ES OF THE (DEFICERS A	RE:	<u> </u>		
PRESIDENT	Peter A. Stevens	99 Pi	STREET ADDRESS riscilla	Ave.	Warwick, RI	ZIP CODE 02889		
VICE PRESID	Robin L. Stevens	same	STREET ADDRESS	· · ·	CITY/STATE	ZIP CODE		
SECRETARY	Robin L. Stevens	same	STREET ADDRESS		CHY/STATE	ZIP CODE		
TREASURER	Peter A. Stevens	same	STREET ADDRESS		CITY/STATE	AP CODE		
		THE NAME	S OF THE D	RECTORS A				
NAME.	Peter A. Stevens		STREET ADDRESS iscilla Av		Warwick, RI	02889		
NAME	Robin L. Stevens	same	STREET ADDRESS		CITY/STATE	ZIP CODE		
NAME	·		STREET ADDRESS	- .	CHY/STATE	Z3P CODE		
NUMBER	OF SHARES AUTHORIZED (Rider may be	attached)	NU.	MBER OF SHAI	ES ISSUED AND OUTSTANDING ((Rider may be attached)		
Number o	f Shares Class / Series 600 common-no	par	Nu	mber of Shares 200	Class / Series common-no par	······································		
Date F	EBRUARY 17, 19	<u></u>	By: Pete	er A. Stev	Sten			
Form 31 1/9	5		TITLE OF OFFICER					
	DESIGNAT	ED REGISTE	RED AGENT	FOR SERVI	CE OF PROCESS:			
PLEASE I	NOTE: If the registered office and/or reg							

Filing Fee \$50 00 Payable to Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations Office of The Secretary of State File Annually LLC Sept. 1 - Nov. 1 CORP. Jun. 1 - March 1

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040 PLPCK 1262

Corporate ID:	Annual Repo	rt for the year	_ 19 <u>94</u>	
Name of Business Entity:	PETER :	S CONEY ISLAND	SYSTEM INC	<u>. </u>
Business entity organized under the laws of the State of	RI Business	Entity is (check one)		
Federal Taxpayer Identification Number		Business Corporation (Se		
	1 :	J. Professional Service Cor. J. Limited Liability Compa		
For foreign entity, address and telephone number of principal of		le and mailing address of co		
n/a	··· —	cations may be directed	ander James and an armon	.,
· ·	Pete	er A. Stevens, Pr	es	
		Priscilla Ave.		
Phone (401) 739 -19 <u>5-3</u>	War	wick, RI 02889		
Address and telephone of the principal office of business entity:	n Rhode			
Island (Provide street address Not P.O. Box)	Brief state	ement of the character of bu	isiness conducted in	Rhode Island
2077 West Shore Rd.		il sale and prep	aration of s	food and
Warwick, RI 02886	all:	ied uses		
<u> </u>	Date of C	Organization March 30	, 1989	
Phone 1 401) 732-6499	Date of Q	Dualification to do business i	in Rhode Island (if to	ireign entity)
	<u>N//</u>	<u> </u>		
THE	NAMES OF THE OFFICE	RS ARE:		
CHIEF EXECUTIVE OFFICER (R. FRESIDENT IC SAVONE	STRUM ADORGSS	C.TYA*ATI.		ZIP CODI.
Peter A. Stevens ☐ CHIEF OFFRATING OFFICE REPRESIONS (CHARLES OF CHARLES OF	99 Priscilla Ave.	Warwick,	RI	02889 zincoai
Robin L. Stevens	same			
[] CUSTODIAN DE RECORDS OR [] SECRETARY IÇES COM	STRIP LADDAESS	CITYS ATE		Yor COAL
Robin L. Stevens Greensascal Success (2) Triaslings Objects	samestruct address	1111STATE	 -	X(P) (CD)
Peter A. Stevens	same			
THE N	SAMES OF THE DIRECTO STRUCT ADDRESS	DRS ARE:		ZIF COOS
	99 Priscilla Ave.		ς, RI	02889
NAME	STRUCT ADDRESS	CityAtate	·•	217 CODE
Robin L. Stevens	STREET ADDRESS	CITY STATE		27° COC!
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER C	DE SHARES ISSUED AND	OUTSTANDING (f Applicable)
NUMBER 600	NUMBER	200		
CLASS common	CLASS	common		
	etinitie			
SERIES	SERIES			
PAR VALUE OR no par	PAR VALU	no par		
WITHOUT PAR	WITHOUT	PAR		
		0 11		
Date MARCH 14, 19 94	By Lite	e Stern		
, —	Peter A.	. Stevens		
	PRIST OR 15 (L NAME, OF OFFI			
	Pre	es		
	TITLE OF OUT OTA SPANISO			
Form 31 - 134				
DESIGNATED REGISTERS	ED OR RESIDENT AGENT	FOR SERVICE OF PI	ROCESS:	
PLEASE NOTE: If the Corporation has changed its registeres	d office and/or registered or resid	lent agent, Form 9 or Form	LEC 3 must be filled	

some in the contract of the co

OSEPH J MO GAIR 797 BALD HILL ROAD NARRICK RI 03686 MAR 2 1 154"

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Blantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903 0054965

Corporate ID	0054966	Annual Report for the ye	ear 1993
First:	The name of the corporation is.	PETER'S CONEY ISLAN	O SYSTEM INC.
Second:	It is incorporated under the la	aws ofRhode Island	
THIRD:		lated, is retail sale and preparation	n of food and
Fourth:	If foreign corporation, addres	s of its principal office	
Г ігтн:	Business address in Rhode Islan	d 2077 West Shore Rd., Warwich	k, RI
Sixth:	Names and addresses of its direct	ctors and officers: Office Address (including number	(Attach rider if necessary)
Peter A.	Stevens Dir	rector 99 Priscilla Ave.,Warwick	c, RI 02889
Robin L.	Stevens Dir	rector same	
·····	Dir	rector	
Peter A.	Stevens Pre	sident 99 Priscilla Ave., Warwic	ek, RI 02889
Robin L.	Stevens Vic	e President same	
Robin L.	Stevens Sec	cretary see above	
Peter A.	Stevens Tre	easurer see above	
Seventh	: Number of Shares authorized	1 :	Par Value
No. of Sha	ores Class	Series	or statement that shares are without par value
600			par common
Еіснти:	Number of Shares issued:	PAID MAR 0 8 1993	Par Value
No. of Sha	res Class		or statement that shares are without par value
200		^S ୍ଞିଦିମଙ୍ଗ ୍ୟମY OF STATE no	par common
Dated 3.	/19 <i>9.3</i>	(Name of Corporation) By Peter A. Stevens	rem, Inc.
(Re	port must be signed by an officer)	Title	

Form 31 1/85

State of Phode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Annual Report for the year
SETERIS CONEY ISLAND SYSTEM INC
node Island
etail sale and preparation of food and
ncipal officeN/A
Joseph J. McGair, 797 Bald Hill Rd.,
······································
fficers: (Attach rider if necessar Address (including number, street, zip code)
99 Priscilla Ave., Warwick, RI 02889
same
see above
see above
see above
see above
Par Value or statement that
Series shares are without par value
no par common
od FEB 1 8 1992
Par Value or statement that shares are without par value
Series Series shares are without par value
no par common
DEMEDIC COMEY TO AND CUCMOM THO
PETER'S CONEY ISLAND SYSTEM, INC.
Letu a Steven
Peter A. Stevens le Pres.

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0054966		Annual Rep	ort for the year/	/ 1991
First: The	FIRST: The name of the corporation is			DNEY ISLANO.	SYSTEM INC
Second: It is	is incorporated under the	e laws of	Rho	ode Island	
THIRD: Chai	racter of business, briefly	stated, is	retail sale a	nd preparat	ion of food
and allie	ed uses		••••	••••••••••••••••••••••••••••••	·····
FOURTH: If	foreign corporation, add	ress of its pri	ncipal office	n/a	
	ness address in Rhode Isl	andc/o.	Joseph J. McG	air. 797 Ba	
Sixтн: Nam	es and addresses of its d		officers:		(Attach rider if necessary)
Peter A.	Stevens 1	Director	99 Priscill	.a.AveWar	wick, RI 02889
Robin L.	Stevens I	Director	same		
••••••	1	Director		•••••	
Peter A.	Stevens I	President	see above		·····
Robin L.	Stevens	Vice Preside	nt see above		
Robin L.	Stevens S	Secretary	see above	••••••	
Peter A.	Stevens	Freasurer	seeabove		
SEVENTH: N	umber of Shares authori	zed:			Par Value or statement that
No. of Shares	Class	,	Series		shares are without par value
600			PAID	no pa	r common
Еіднтн: Nu	mber of Shares issued:	!	SECYOF STATE		Par Value or statement that
No. of Shares	Class		SHATE		shares are without par value
200				no pa	r common
Dated M cre	le 4, 199		PETER'S CONEY	ISLAND SYS	STEM INC.
(Report n	nust be signed by an officer)	Т		evens	T. F. Land



State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	var izdoven	Annual Report for the year Alliand			
FIRST: The name	of the corporation is	PETERIA COMAY IRUSEO	RYSTEM INC.		
SECOND: It is inc	orporated under the laws of	Rhode Island			
THIRD: Character		retail sale and prepar	ation of food		
FOURTH: If foreig	gn corporation, address of its p	rincipal office n/a			
FIFTH: Business a		/o Joseph J. McGair, 79	7 Bald Hill Road,		
	d addresses of its directors and	Officers: Address (including numbe	(Attach rider if necessary)		
Peter A. Steve	ens Director	99 Priscilla Ave., Wa	rwick, RI 02889		
Robin L. Stever	ns Director	same			
	Director				
Peter A. Stever	ns President	see above			
Robin L. Stever	ns Vice Preside	ent see above			
Robin L. Stever	ns Secretary	see above	••••		
Peter A. Stever	ns Treasurer	see above			
Seventh: Number	er of Shares authorized:		Par Value		
No. of Shares	Class	Senes	or statement that shares are without par value		
		PAID			
600		MAR 0.2 1990	no par common		
Eighth: Number	of Shares issued:	SEC"Y. OF STATE	Par Value or statement that		
No. of Shares	Class	Series	shares are without , par value		
200			no par common		
Dated February	27, 1990	PETER'S CONEY ISLAND SY	STEM, INC.		
(Report must be		Peter A. Stevens Fille President	····		