

FOR SECRETARY OF STATE USE ONLY

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

401 222 3040

Form 630 12/01

(FORM MUST BE TYPED IN BI	LACK)	-			
1. Corporate ID No.	2. Name of Cor	poration			<del> </del>
94068	Coley, Inc.	•			
3. Street Address Principal Busine	ess Office		City	State	Zip
10 SMITH AVENUE			GREENVILLE	ŔĬ	02828-
4. Business Phone No.		5. State of Incorporation	<del>adamin'ny mandra dia kaominina dia kaominin</del>		6 SIC Code
4019490840		RHODE ISLAND			3079
7. Brief Description of the Chara	cier of Rusiness C	onducted in Rhode Island			
TO OPERATE A RESTAUR	ANT AND/OR	FOOD SERVICE BUSINESS	3.		
8. NAMES AND ADDRESS President Name	ES OF THE O	FFICERS ("X" BOX FOR ATTA		PACES BEFORE USING A	TEACHMENTS
LIONEL DELOS			Vice President Name THIERRY DELOS		
Street Address			Street Address		
24 RUSTIC ACRES DR	TVE		19 MATHEW DRIV	'C	
and the first transfer and the same and the			A contract of the parameters and		and the second s
Chy CHEPACHET	State RI	Zip	City	State	Zip
Secretary Name	RI	02814	JOHNSTON Treasurer Name	RI	02919
MARIE DELOS			•		
	=	Andrea Carlo Company	NICOLE DELOS		
Street Address			Street Address		
601 FRUIT HILL AVE	NUE		.24 RUSTIC ACRE	S DRIVE	
. Cury	. State	Zip	City	State	Zip
NORTH PROVIDENCE	RI	02911	. CHEPACHET	RI	02814
9. NAMES AND ADDRESS	ES OF THE D	IRECTORS ("X" BOX FOR AT		SPACES BEFORE USING	ATTACHMENTS
Director Name			, Director Name		
NONE					
Street Address		The state of the s	Street Address	· ·•	••
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City	State	Zip	City	State	Zip
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Director Name			Director Name		• • • • • • • • • • • • • •
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City	State	Zıp	City	State	Z.ip
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10. SHARES AUTHORIZE	D ("X" BOX FO	OR ATTACHMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTACHME	V2) □
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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			1	· ·	•
This report must be signed	d in ink hy air	ther the President, Vice Pre	ecident Secretary Ass	istant Secretary Trees	urar Racaivar or Tructo
inis report must be signer	in ink by en	mer the Trestdent, rice Tre	sidem, becretury, Ass	istanti secretary, Treus	arer, Receiver or Traste
IN INTERNATIONAL CONTRACTOR					
9 4 0	6 8		Linder negative of ne	erjury, I declare and affirm	that I have examined
				ig any accompanying sche	
*0.4000 DDO 0.4105105 4	4 40 50 444	<del>_</del> _		ents contained herein are tr	
*94068 DBC 01/05/05 1	11:43:53 AM"			$\bigcap$ $\Lambda$	2//-
File Date 2-5-	<u>کہ</u>		Linel	Dela	4/7/05
F 5:01			Signature of Officer	<del>-</del>	Date
Check No. 5876	<u> </u>		Lionel Delo	)S	
			Print or Type Name of		
By:			President	y = <sub>10</sub> ,	
			- Procident		

Title of Officer



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

Matthew A. Brown, Secretary of State

Corporations Divisio 100 North Main Stree Providence RI 02903-133 401 222 304

1 Corporate ID No :	2 Name of Corpos	ration					
94068	Coley, Inc.						
3 Street Address Principal Bissi 10 SMITH AVENUE	ness Office		GREENVILLE	State RI	<sup>Zφ</sup> 02828		
4 Business Phone No 401-949-0840	<del> </del>	5 State of Incorporation RHODE ISLAN					
7 Brief Description of the Chare TO OPERATE A RES	acter of Business Conducte STAURANT AND/OR F	d in Rhode Island OOD SERVICE BUSINES					
8. NAMES AND ADDRES President Name LIONEL DELOS	SES OF THE OPPIC	ersi/("x" box for a	TTACHMENT) TELLINS  Vice President Name  THIERRY DELOS	PACES BEFORE USIN	G ATTACHMENTS		
Street Address 24 RUSTIC ACRES	DRIVE		Street Address 19 MATTHEW DRIV	E			
CHEPACHET	State RI	<sup>Zφ</sup> 02814	JOHNSTON	State RI	Zφ 02919		
Secretary Name MARIE DELOS			Treasurer Name NICOLE DELOS				
Street Address 601 FRUIT HILL	AVENUE		Street Address 24 RUSTIC ACRES DRIVE				
NORTH PROVIDENCE		<i>хър</i> 02911	CHEPACHET	State RI	2φ 02814		
9 NAMES AND ADDRES Director Name	SES OF THE DIREC	TORS: ("X" BOX FOR	ATTACHMENT) TILL IN	SPACES BEFORE US	ING ATTACHMENTS		
NONE Street Address			Street Address				
City	State	Z.p	City	State	Zıp		
Director Name		J	Director Name				
Street Address	<u>-</u>	- <u></u> -	Street Address				
City	State	Zip	City	State	Zıp		
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X", BOX FOR	ATTACHMENT) :	SITE 11-SHARES/ISSUED/(	X. BOX FOR ATTAC	HMENTO DATE OF		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Senes	Par Value		
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File Date	374	YE.
	[β. 33.72	<b>4.</b> A.
EOR SECRET	TARY OF STATE USE ONLY	

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



# 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 02903-1335 401.222.3040

PROFIT CORPO	RATION AN	NUAL REPO	RT FOR THE YE	AR <u>2003                                   </u>	_
(FORM MUST BE TYPED IN E			<del></del>		-
1 *94068* 3. Street Address Principal Busin			1Cin	:State	Zip
10 SMITH AVE.	iesi Ojjice		:GREENVILLE	RI	102828-
4. Business Phone No. 4019490840		5. State of Incorporation RHODE ISLAND	•	•	6. SIC Code 3079
7. Brief Description of the Char. TO OPERATE A RESTAU	acter of Business Conducte	1	. <u></u>	•	•
			ACHMENT) 🗆 FILL ÎN SPACES	S BEFORE USING ATTAC	THMENTS -
· President Name	SES OF THE OFFICE	RS ('A' BOX POR ATT.	Vice President Name	S BEI ONE COMONIC IN	
LIONEL DELOS			THIERRY DELOS		-
Sircei Address		•	Street Address		
24 RUSTIC ACRES D	RIVÉ		19 MATTHEW DRIVE	_	
City	State	Zip	City	State	Zip 02010
CHEPACHET	RI	02814	JOHNSTON	RI	02919
Secretary Name			Treasurer Name NICOLE DELOS		
MARIE DELOS			Sireet Address		
Street Address	PARTE		24 RUSTIC ACRES DE	TVE	ı
601 FRUIT HILL AV				State	Zip
City	State RI	<i>Zip</i> 02 <b>911</b>	City . CHEPACHET	RI	02814
NORTH PROVIDENCE			· _		
Director Name	SES OF THE DIRECT	IORS ("X" BOX FOR A	TTACHMENT) TFILL IN SPAC Director Name	es before using at t	ACHINENTS ,
NONE			C	-	•
Street Address			Street Address		
City	State	¹ <i>Žip</i> !	City	State	Zip '
Director Name	<b>*</b> •		Director Name	•	
Street Address			Street Address		
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10. SHARES AUTHORIZ	ED ("X" BOX FOR ATT	ACHMENT) [	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMENT)	<u>``</u>
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					- Pagainar or Trustae
This report must be sign	ed in ink by either to	he President, Vice Pi	resident, Secretary, Assistan	it Secretary, Treasure	r, Receiver or Trusiee
1 19811# 1#111 B11	LU BOUG OKOU IOKI IPRI				
	IIK OBBIF BIIRI IRBI 1001		Under penalty of perjury	y, I declare and affirm tha	t I have examined
* 9 4	0 6 8 *		this report, including an	y accompanying schedule	es and statements,
*94068 DBC1/14/033	-20:15 DM*	٦	and that all statements c	ontained herein are true a	ind correct.
1	.30. 13 FIVI		This !	2005	11/12
File Date Of	10/03	ļ	Micola L	Dai	4/03
Check No.	1643		Signature of Officer  Nicole	el03	
	0		Print or Type Name of Off	icer	<del>_</del> .
B <u>y:</u>	<del></del>	1	TREASUR	200	
FOR SECRETARY OF STAT	E USE ONLY	<b>"</b>	Title of Officer	/\	Form 630 12/01

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

## 401-277-3040

• • • •								
PROFIT	CORPORA	ATION .	ANNUAL	REPORT	FOR	THE	YEAR	
Filing Period	l: January 1-Ma	irch 1 • i	Filing Fee: \$50	.00				

ST	OP)
122130	TIONS

	•	•				
(FORM MUST BE TYPED IN BL	ACK)					
1. Corporate ID No	2 Name of Corpora	tion				
94068	COLEY, I	NC.				
3. Street Address Principal Busines TEN SMITH AVEN	**		City	GREENVILI	State E RI	zip <b>02828</b>
4 Business Phone No. 949-0840		5. State of Incorpora	tion	RHODE ISI	.AND	6. SIC Code <b>3079</b>
7. Brief Description of the Charact	er of Business Conducted	in Rhode Island				
TOGETHER WITH 8. NAMES AND ADDRE President Name	ALL OTHER ACT	IVITIES NECESS	ARY & INCI	ESTAURANT AN IDENTAL THER	ID OR FOOD SERVI RETO	ICE BUSINESS
			vice riesi			
LIONEL DELOS Street Address			Street Ado	THIERRY I	DELOS	
24 RUSTIC ACRE	S DRIVE			19 MATHEV	DRIVE	
City	State	Zip	City		State	Ζιρ
CHEPACHET	RI	02814		JOHNSTON	RI	02919
Secretary Name			Treasurer	Name		
MARIE DELOS				NICOLE DE	TLOS	
Street Address			Street Adi	dress		
601 FRUIT BILL	AVENUE			24 RUSTIC	C ACRES DRIVE	
City	State	Zíp	City		State	Zip
NO. PROV.,	R1	02911		CHEPACHET	r RI	02814
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS ("X" BOX FOR	R ATTACHMENT) Director 1	Vame		
NONE						
Street Address			Street Ad	dress		
City	State	Zip	City		State	Zip
•		•	ŕ			·
Director Name			Director i	Name		
Street Address			Street Ad	dress		•
City	State	Zip	City		State	Zip
10. SHARES AUTHORIZ	ED ("x" box for at	FACHMENT)			X* BOX FOR ATTACHMEN	<b>T</b> )
AUTHORIZED SHARES			ISSUJED SE	IARES		
Number of Shares	Class/Series	Par Value	Number	of Shares	Class/Series	Par Value
2000 COMMON NO	PAR VALUE			1000	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
3 2/1/12	that all statements contained herein are true and correct.
File Date:	Micol Delos 3/14/02
415-1-1	Signature of Officer Date
Check No.:	Nicole Delos
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	TALASUTER
• • • •	Title of Officer

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 I	•	Filing Fee: \$50.00		

filing Period: Januar	ry 1-March I • Fil.	ing Fee: \$50.00			INSERECTIONS
FORM MUST BE TYPED IN B. . Corporate ID No.	LACK) 2 Name of Corporation				
94068	Coley, Inc.				12828
Street Address Principal Busine 19 Mathew Drive	10 Smith	Ave	Johnston Jane	VILE RI	-02919
Business Phone No. (401) 949-0840		5 State of Incorporation RHODE ISLAND	0		6. SIC Code 3079
. Brief Description of the Charac	ter of Business Conducted in Rho	de Island Operate a	restaurant and/or	food service bu	siness, together
with all other a B. NAMES AND ADDRI tesident Name	ectivities necesses esses of the officer Lionel Delo	ary or incident. S ("X" BOX FOR ATTACHN	al thereto.  MENT) FILL IN SPACES B  Vice President Name	HEFORE USING ATTACK	IMENTS
treet Address	Clonel Delo.	λ	Street Address	many puro	(
19 Mathew Drive in Chepachet Johnston	24 Rustic a	Acres D1. 219 02814 02919	499 Great Road  Cin Johnston Lincoln	19 Mathe State RI	ω Åγ, <sup>Δη</sup> δ2919 <del>02865</del>
ecretary Name same as above /	Presle Delos		Steam Addens	e MAric D	e/55
24 RUSTIC	Acres M.	_		Hill Ave	
Chepacket	state RI	02814	Mr. Prov	State RI	"02911
D. NAMES AND ADDRI Director Name	ESSES OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACE  Director Name	S BEFORE USING ATTA	CHMENTS
None treet Address			Street Address		 
Sity	State	Zip	City	State	Zip"
Director Name			Director Name		
treet Address			Street Address		·
lity	State	Zıp	City	State	Zip
10. SHARES AUTHORIZ	ZED ("X" BOX FOR ATTACHN	AENT)	11. SHARES ISSUED (*.	X* BOX FOR ATTACHMENT)	
iumher of Shares	Class/Series	Par Value	Number of Shares	Class/Senes	Par Value
2,000 NO PAR C	OMMON		1 000	common	no nar

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

<b>-</b>	* 9 4 0 6 8 *				
File Date	9-27-01				
Check No :	3769				
Ву;	<u> </u>				

Under penalty of perp	ury, 1 d	declare and aff	irm that [ h	nave examined
this report, including	any ac	companying s	chedules ar	nd statements, an
that all statements co-	ntaine	d herein are tr	ue and com	rect.
Signature of Officer	<i>f</i> .	Del _	9/	14/21
	0	X = 1 = 5		

THIEKKY Print or Type Name of Officer



2. Name of Corporation

Coley, Inc.

with all other acitivities necessary or incidental thereto.

(FORM MUST BE TYPED IN BLACK)

94068

19 Mathew Drive

(401) 949-0840

Thierry Delos

19 Mathew Drive

FOR SECRETARY OF STATE USE ONLY

3. Street Address Principal Business Office

1 Corporate ID No

4. Business Phone No.

President Name

Street Address

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

State

RI

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

5. State of Incorporation

RHODE ISLAND

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

City

7 Brief Description of the Character of Business Conducted in Rhode Island Operate a restaurant and/or food service business, together

Johnston

Vice President Name

Street Address

Lionel Delos

499 Great Road

SIL	DP El co
721811	HOX

02919

6. SIC Code

3079

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

City	State	Zip	City	State	Zip
Johnston	RI	02919	Lincoln	RI	02865
Secretary Name			Treasurer Name		
same as above		•	same as above		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FOR .	ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING ATT	ACHMENTS
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	(ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR CO	HON		1000	common	no par
This report must be sign	ned in ink by eit	her the President, Vi	ce President, Secretary, As  Under penalty of	ssistant Secretary, Treas	
File Date: 3/	13/00 738	* —	this report, includ		hedules and statements, and



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 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-277-3040

ring reriou. junuary	1-March 1 - 1	iiing ree. \$30.00			(Tallat Hirts
FORM MUST BE TYPED IN BLAC	CK)				
1 Corporate ID No 94068	2. Name of Corporation Coley, In				
3 Street Address Principal Business C 19 Mathew Drive	Office		City Johnston	State RI	zip 02919
4. Business Phone No. (401) 949-0840		5. State of Incorporation Rhode Island			6. SIC Code 3079
7 Brief Description of the Character of Operate a restaur or incidental the 8. NAMES AND ADDRESS President Name	cant and/or fo ereto	od service busin	ess, together with  AENT)  Vice President Name	all other activ	ities necessary
			Lionel Delos		
Thierry Delos Street Address			Street Address		
19 Mathew Drive	State	Zip	499 Great Road Lincoln	State RI	zip 02865
Johnson Secretury Name	RI	02919	Treasurer Name		02003
Same as above street Address			Same as above		
City	State	Zip	City	State	Žip
9. NAMES AND ADDRESS Director Name	SES OF THE DIREC	TORS (*x* box for attac	CHMENT) Duector Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Duector Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI AUTHORIZED SHARES	D ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED ("X	* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	common	no par value	1,000	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, ar
File Date:	that all statements contained herein are true and correct.
Check No.:	Signature of Officer Delos
Ву:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Tile of Officer



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

(FORM MUST BE TYPED IN BLA	CK)				
1 Corporate ID No	2. Name of Corpora	ition		•	<del></del>
94068	Coley, Inc.				
3. Street Address Principal Business			City	State	Zıp
19 Mathew Drive		S. State of Incorporation	Johnston	RI	02919
949-0840	)	RHODE ISLA			6. stc code 3 0 7 9
7. Brief Description of the Character	7 of Business Conducted		ate a restaurant ar	d/or food servi	
together with all 8. NAMES AND ADDRESS President Name		IO OPUL	or incidental there ACHMENT) Vice President Name		
Thierry Delos Street Address			Lionel Delos Street Address		
19 Mathew Drive	State	Zıp	499 Great Rea	d State	Zıp
Johnston Secretary Name	RI	02919	Lincoln Treasurer Name	RI	02865
Same As Above			Same As Above Street Address		
Cuy	State	Zip	City	State	Zip
9. NAMES AND ADDRESS Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR A			
			Director Name		
None Street Address			Street Address		
City	State	Ζιρ	City	State	Zıp
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	D ("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	"X" BOX FOR ATTACHMENT	)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR COM	MON		500	COMMON	No PAR

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

	* 9 4 0 6 8 \*
Pita Dana	318
File Date:	1000
Check No.:	01440
Ву:	
FOR SECRETAR	Y 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.

THE OF OFFICE