



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

| | | | |
|--|--|---|---------------------|
| 1. Corporate ID No. 94068 | | 2. Name of Corporation Coley, Inc. | |
| 3. Street Address Principal Business Office 10 SMITH AVENUE | | City GREENVILLE | State RI |
| 4. Business Phone No. 4019490840 | | 5. State of Incorporation RHODE ISLAND | 6. SIC Code 3079 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A RESTAURANT AND/OR FOOD SERVICE BUSINESS. | | | |

| | | | | | |
|--|-------------|--------------|---|-------------|--------------|
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name LIONEL DELOS | | | Vice President Name THIERRY DELOS | | |
| Street Address 24 RUSTIC ACRES DRIVE | | | Street Address 19 MATHEW DRIVE | | |
| City CHEPACHET | State RI | Zip 02814 | City JOHNSTON | State RI | Zip 02919 |
| Secretary Name MARIE DELOS | | | Treasurer Name NICOLE DELOS | | |
| Street Address 601 FRUIT HILL AVENUE | | | Street Address 24 RUSTIC ACRES DRIVE | | |
| City NORTH PROVIDENCE | State RI | Zip 02911 | City CHEPACHET | State RI | Zip 02814 |

| | | | | | |
|---|-------|-----|----------------|-------|-----|
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name NONE | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

| | | | | | |
|---|--------------|-----------|---|--------------|--------------|
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 2,000 COMM 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



9 4 0 6 8

| |
|----------------------------------|
| *94068 DBC 01/05/05 11:43:53 AM* |
| File Date <u>2-9-05</u> |
| Check No. <u>5896</u> |
| By: <u>[Signature]</u> |
| 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.

Lionel Delos 2/7/05
Signature of Officer Date
Lionel Delos
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 02903-1333
401-222-3049

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 94068 | | 2 Name of Corporation Coley, Inc. | | | |
| 3 Street Address Principal Business Office 10 SMITH AVENUE | | City GREENVILLE | | State RI | Zip 02828 |
| 4 Business Phone No 401-949-0840 | | 5 State of Incorporation RHODE ISLAND | | | 6 SIC Code 3079 |
| 7 Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A RESTAURANT AND/OR FOOD SERVICE BUSINESS. | | | | | |
| 8 NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name LIONEL DELOS | | | Vice President Name THIERRY DELOS | | |
| Street Address 24 RUSTIC ACRES DRIVE | | | Street Address 19 MATTHEW DRIVE | | |
| City CHEPACHET | State RI | Zip 02814 | City JOHNSTON | State RI | Zip 02919 |
| Secretary Name MARIE DELOS | | | Treasurer Name NICOLE DELOS | | |
| Street Address 601 FRUIT HILL AVENUE | | | Street Address 24 RUSTIC ACRES DRIVE | | |
| City NORTH PROVIDENCE | State RI | Zip 02911 | City CHEPACHET | State RI | Zip 02814 |
| 9 NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name NONE | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10 SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11 SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 2,000 COMM 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



| |
|---------------------------------|
| File Date 1-30-04 |
| Check No 5274 |
| By LP |
| FOR SECRETARY OF STATE USE ONLY |

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

Signature of Officer
Lionel Delos
Date
1-25-04
Print or Type Name of Officer
Lionel Delos
Title of Officer
President



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 CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *94068* 2. Name of Corporation Coley, Inc.
3. Street Address Principal Business Office 10 SMITH AVE. City GREENVILLE State RI Zip 02828
4. Business Phone No. 4019490840 5. State of Incorporation RHODE ISLAND 6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE A RESTAURANT AND/OR FOOD SERVICE BUSINESS.

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

| | |
|--|--|
| President Name LIONEL DELOS Street Address 24 RUSTIC ACRES DRIVE City CHEPACHET State RI Zip 02814 Secretary Name MARIE DELOS Street Address 601 FRUIT HILL AVENUE City NORTH PROVIDENCE State RI Zip 02911 | Vice President Name THIERRY DELOS Street Address 19 MATTHEW DRIVE City JOHNSTON State RI Zip 02919 Treasurer Name NICOLE DELOS Street Address 24 RUSTIC ACRES DRIVE City CHEPACHET State RI Zip 02814 |
|--|--|

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

| | |
|--|---|
| Director Name NONE Street Address City State Zip Director Name Street Address City State Zip | Director Name Street Address City State Zip |
|--|---|

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

| | | |
|-------------------------|--------------|-----------|
| AUTHORIZED SHARES | Class/Series | Par Value |
| Number of Shares | | |
| 2,000 COMM NO PAR VALUE | | |

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

| | | |
|------------------|--------------|--------------|
| ISSUED SHARES | Class/Series | Par Value |
| Number of Shares | | |
| 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



94068 DBC1/14/033:38:15 PM

File Date 2/10/03

Check No. 4643

By [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Nicole Delos 2/4/03
Signature of Officer Date
Nicole Delos
Print or Type Name of Officer
TREASURER
Title of Officer

Form 630 12/01



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 _____

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **94068** 2. Name of Corporation **COLEY, INC.**
3. Street Address Principal Business Office **TEN SMITH AVENUE** City **GREENVILLE** State **RI** Zip **02828**
4. Business Phone No. **949-0840** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island **TO OPERATE A RESTAURANT AND OR FOOD SERVICE BUSINESS TOGETHER WITH ALL OTHER ACTIVITIES NECESSARY & INCIDENTAL THERETO**

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

| | |
|--|---|
| President Name LIONEL DELOS Street Address 24 RUSTIC ACRES DRIVE City CHEPACHET State RI Zip 02814 Secretary Name MARIE DELOS Street Address 601 FRUIT HILL AVENUE City NO. PROV., State RI Zip 02911 | Vice President Name THIERRY DELOS Street Address 19 MATHEW DRIVE City JOHNSTON State RI Zip 02919 Treasurer Name NICOLE DELOS Street Address 24 RUSTIC ACRES DRIVE City CHEPACHET State RI Zip 02814 |
|--|---|

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

| | |
|---|--|
| Director Name NONE Street Address City _____ State _____ Zip _____ Director Name Street Address City _____ State _____ Zip _____ | Director Name Street Address City _____ State _____ Zip _____ Director Name Street Address City _____ State _____ Zip _____ |
|---|--|

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value

2000 COMMON NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series 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

File Date: 3.21.02

Check No.: 4077

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer Nicole Delos Date 3/14/02

Print or Type Name of Officer Nicole Delos

Title of Officer Treasurer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the 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 IN BLACK)

1. Corporate ID No. **94068** 2. Name of Corporation **Coley, Inc.**

3. Street Address Principal Business Office ~~19 Mathew Drive~~ **10 Smith Ave** City **Johnston** State **RI** Zip **02828**

4. Business Phone No. **(401) 949-0840** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

7. Brief Description of the Character of Business Conducted in Rhode Island **Operate a restaurant and/or food service business, together with all other activities necessary or incidental thereto.**

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

| | |
|---|--|
| President Name Thierry Delos Lionel Delos Street Address 19 Mathew Drive 24 Rustic Acres Dr. City Chepachet State RI Zip 02814 | Vice President Name Lionel Delos Thierry Delos Street Address 499 Great Road 19 Mathew Dr. City Johnston State RI Zip 02919 |
| Secretary Name same as above Nicole Delos Street Address 24 Rustic Acres Dr. City Chepachet State RI Zip 02814 | Treasurer Name same as above Marie Delos Street Address 601 Fruit Hill Ave City Providence State RI Zip 02911 |

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

| | |
|--|---|
| Director Name None Street Address City State Zip | Director Name Street Address City State Zip |
| Director Name Street Address City State Zip | Director Name Street Address City State Zip |

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

| AUTHORIZED SHARES | | |
|----------------------------|--------------|-----------|
| Number of Shares | Class/Series | Par Value |
| 2,000 NO PAR COMMON | | |

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

| ISSUED SHARES | | |
|------------------|---------------|---------------|
| Number of Shares | Class/Series | Par Value |
| 1,000 | 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 *

File Date 9-27-01

Check No. 3769

By: THIERRY P. DELOS

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.

Thierry P. Delos 9/14/01
Signature of Officer Date

THIERRY P. DELOS
Print or Type Name of Officer

Vice President
Title of Officer



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

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

1. Corporate ID No. **94068** 2. Name of Corporation **Coley, Inc.**
3. Street Address Principal Business Office **19 Mathew Drive** 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 Business Conducted in Rhode Island **Operate a restaurant and/or food service business, together with all other activities necessary or incidental thereto.**

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

| | |
|--|--|
| President Name Thierry Delos Street Address 19 Mathew Drive City Johnston State RI Zip 02919 Secretary Name same as above Street Address City State Zip | Vice President Name Lionel Delos Street Address 499 Great Road City Lincoln State RI Zip 02865 Treasurer Name same as above Street Address City State Zip |
|--|--|

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

| | |
|---|---|
| Director Name Street Address City State Zip | Director Name Street Address City State Zip |
| Director Name Street Address City State Zip | Director Name Street Address City State Zip |

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,000 NO PAR COMMON

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1000 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 *

File Date: 3/31/00
Check No.: 2738
By: C

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer Lionel Delos Date 1-31-00
Print or Type Name of Officer Lionel Delos
Title of Officer V. President



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 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 94068 2. Name of Corporation Coley, Inc.
3. Street Address Principal Business Office City State Zip
19 Mathew Drive Johnston RI 02919
4. Business Phone No. 5. State of Incorporation 6. SIC Code
(401) 949-0840 Rhode Island 3079

7. Brief Description of the Character of Business Conducted in Rhode Island
Operate a restaurant and/or food service business, together with all other activities necessary or incidental thereto

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

| | |
|------------------------|-----------------------|
| President Name | Vice President Name |
| <u>Thierry Delos</u> | <u>Lionel Delos</u> |
| Street Address | Street Address |
| <u>19 Mathew Drive</u> | <u>499 Great Road</u> |
| City | City |
| <u>Johnson</u> | <u>Lincoln</u> |
| State | State |
| <u>RI</u> | <u>RI</u> |
| Zip | Zip |
| <u>02919</u> | <u>02865</u> |
| Secretary Name | Treasurer Name |
| <u>Same as above</u> | <u>Same as above</u> |
| Street Address | Street Address |
| City | City |
| State | State |
| Zip | Zip |

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

| | |
|----------------|----------------|
| Director Name | Director Name |
| Street Address | Street Address |
| City | City |
| State | State |
| Zip | Zip |
| Director Name | Director Name |
| Street Address | Street Address |
| City | City |
| State | State |
| Zip | Zip |

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

| AUTHORIZED SHARES | | |
|-------------------|---------------|---------------------|
| Number of Shares | Class/Series | Par Value |
| <u>2,000</u> | <u>common</u> | <u>no par value</u> |

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

| ISSUED SHARES | | |
|------------------|---------------|---------------------|
| Number of Shares | Class/Series | Par Value |
| <u>1,000</u> | <u>common</u> | <u>no par value</u> |

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

File Date: 8-10-99

Check No.: 2346

By: Te

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.

Lionel Delos 7-14-99
Signature of Officer Date

Lionel Delos
Print or Type Name of Officer

Vice 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 BLACK)

1. Corporate ID No. 2. Name of Corporation

94068

Coley, Inc.

3. Street Address Principal Business Office

City

State

Zip

19 Mathew Drive

Johnston

RI

02919

4. Business Phone No.

5. State of Incorporation

6. SIC Code

949-0840

RHODE ISLAND

3079

7. Brief Description of the Character of Business Conducted in Rhode Island To operate a restaurant and/or food service business, together with all other activities necessary or incidental thereto.

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

President Name

Vice President Name

Thierry Delos

Lionel Delos

Street Address

Street Address

19 Mathew Drive

499 Great Read

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 ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Director Name

None

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 NO PAR COMMON

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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 *

File Date: 3/18

Check No.: 01448

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

[Signature] 2-16-98
Signature of Officer Date

Lionel Delos
Print or Type Name of Officer

Vice President
Title of Officer