



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 60273		2. Name of Corporation DARI-FARMS ICE CREAM CO., INC.			
3. Street Address Principal Business Office One Dari Farms Way			City Tolland	State CT	Zip 06084
4. Business Phone No		5. State of Incorporation CONNECTICUT		6. SIC Code 2659	
7. Brief Description of the Character of Business Conducted in Rhode Island THE SALE AND DISTRIBUTION OF ICE CREAM AND SIMILAR PRODUCTS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David Silva			Vice President Name Dennis Silva		
Street Address 64 Tolland Stage Rd.			Street Address 15 Tolland Stage Rd.		
City Tolland	State CT	Zip 06084	City Tolland	State CT	Zip 06084
Secretary Name Dennis Silva			Treasurer Name David Silva		
Street Address 15 Tolland Stage Rd.			Street Address 64 Tolland Stage Rd.		
City Tolland	State CT	Zip 06084	City Tolland	State CT	Zip 06084
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David Silva			Director Name		
Street Address 64 Tolland Stage Rd.			Street Address		
City Tolland	State CT	Zip 06084	City	State	Zip
Director Name Dennis Silva			Director Name		
Street Address 15 Tolland Stage Rd.			Street Address		
City Tolland	State CT	Zip 06084	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
5,030	COMM \$0.01 PAR VALUE		200	Common A	\$2000.00
			30	Common B	\$300.00

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



80273

File Date 7-5-05
Check No. 25857
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] 4/7/05
Signature of Officer Date
DENNIS SILVA
Print or Type Name of Officer
VICE 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 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 80273		2. Name of Corporation DARI-FARMS ICE CREAM CO., INC.			
3. Street Address Principal Business Office One Dari Farms Way			City TOLLAND	State CT	Zip 06084
4. Business Phone No. 8608728313		5. State of Incorporation CONNECTICUT			6. SIC Code 2659

7. Brief Description of the Character of Business Conducted in Rhode Island
THE SALE AND DISTRIBUTION OF ICE CREAM AND SIMILAR PRODUCTS

8. NAMES AND ADDRESSES OF THE OFFICERS (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David J. Silva			Vice President Name Dennis Q. Silva		
Street Address 64 Tolland Stage Rd.			Street Address 15 Tolland Stage Rd.		
City Tolland	State CT	Zip 06084	City Tolland	State CT	Zip 06084
Secretary Name Dennis Q. Silva			Treasurer Name Dennis Q. Silva		
Street Address 15 Tolland Stage Rd.			Street Address 15 Tolland Stage Rd.		
City Tolland	State CT	Zip 06084	City Tolland	State CT	Zip 06084

9. NAMES AND ADDRESSES OF THE DIRECTORS (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David J. Silva			Director Name Dennis Q. Silva		
Street Address 64 Tolland Stage Rd.			Street Address 15 Tolland Stage Rd.		
City Tolland	State CT	Zip 06084	City Tolland	State CT	Zip 06084
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,030	COMM	\$.01 PAR VALUE	200	Common A	\$.01
			30	Common B	\$.01

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



8 0 2 7 3

80273 FBC 04/12/04 12:12:16 PM

File Date 4/19/04

Check No. 24720

By W.

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.

Dennis Silva 4/13/04
Signature of Officer Date

Dennis Silva
Print or Type Name of Officer

Vice-President, Secretary
Title of Officer



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. **80273**
2. Name of Corporation **DARI-FARMS ICE CREAM CO., INC.**
3. Street Address Principal Business Office
40 Tolland Stage Road
4. Business Phone No. **(860) 892-8313**
5. State of Incorporation **CONNECTICUT**
7. Brief Description of the Character of Business Conducted in Rhode Island
Ice Cream Distributor

City **Tolland** State **CT** Zip **06084**
6. SIC Code **2659**

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

President Name **David J. Silva**
Street Address **64 Tolland Stage Road**
City **Tolland** State **CT** Zip **06084**

Vice President Name **Dennis Q. Silva**
Street Address **15 Tolland Stage Road**
City **Tolland** State **CT** Zip **06084**

Secretary Name **Dennis Q. Silva**
Street Address **15 Tolland Stage Road**
City **Tolland** State **CT** Zip **06084**

Treasurer Name **Dennis Q. Silva**
Street Address **15 Tolland Stage Road**
City **Tolland** State **CT** Zip **06084**

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

Director Name **David J. Silva**
Street Address **64 Tolland Stage Road**
City **Tolland** State **CT** Zip **06084**

Director Name **Dennis Q. Silva**
Street Address **15 Tolland Stage Road**
City **Tolland** State **CT** Zip **06084**

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	5,030	COMM	\$.01 PAR VALUE

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	Common A	2,000
	30	Common B	300

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



* 8 0 2 7 3 *

4.14.03

File Date: _____
Check No. **23612**
By **ICP**

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.

x **Dennis Q. Silva** Vice President **4/10/03**
Signature of Officer Date

DENNIS SILVA
Print or Type Name of Officer

VICE PRESIDENT, Secretary
Title of Officer



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80273**
2. Name of Corporation **DARI-FARMS ICE CREAM CO., INC.**
3. Street Address Principal Business Office
40 Tolland Stage Road
4. Business Phone No. **(860) 872-8313**
5. State of Incorporation **CONNECTICUT**
7. Brief Description of the Character of Business Conducted in Rhode Island
Ice Cream Distributor

City **Tolland** State **CT** Zip **06084**
MC Code **2659**

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

President Name **David J. Silva**
Street Address **64 Tolland Stage Road**
City **Tolland** State **CT** Zip **06084**

Vice President Name **Dennis Q. Silva**
Street Address **15 Tolland Stage Road**
City **Tolland** State **CT** Zip **06084**

Secretary Name **Dennis Q. Silva**
Street Address **15 Tolland Stage Road**
City **Tolland** State **CT** Zip **06084**

Treasurer Name **Dennis Q. Silva**
Street Address **15 Tolland Stage Road**
City **Tolland** State **CT** Zip **06084**

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

Director Name **David J. Silva**
Street Address **64 Tolland Stage Road**
City **Tolland** State **CT** Zip **06084**

Director Name **Dennis Q. Silva**
Street Address **15 Tolland Stage Road**
City **Tolland** State **CT** Zip **06084**

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

AUTHORIZED SHARES	Class/Series	Par Value
5,030	COMM	\$0.01 PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
200	Common A	2,000
30	Common B	300

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



File Date 4-17-02
Check No. 22536
By: [Signature]

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 [Signature] Date 4/9/02
Print or Type Name of Officer DENNIS SILVA
Title of Officer VICE-PRESIDENT



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. **80273** 2. Name of Corporation **DARI-FARMS ICE CREAM CO., INC.**

3. Street Address Principal Business Office **40 Tolland Stage Road** City **Tolland** State **CT** Zip **06084**

4. Business Phone No. **(860)87208313** 5. State of Incorporation **CONNECTICUT** 6. SIC Code **2659**

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

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

President Name David J. Silva	Vice President Name Dennis Q. Silva
Street Address 64 Tolland Stage Road	Street Address 230 Grant Hill Road
City State Zip Tolland CT 06084	City State Zip Tolland CT 06084
Secretary Name Dennis Q. Silva	Treasurer Name Dennis Q. Silva
Street Address 230 Grant Hill Road	Street Address 230 Grant Hill Road
City State Zip Tolland CT 06084	City State Zip Tolland CT 06084

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

Director Name David J. Silva	Director Name Dennis Q. Silva
Street Address 64 Tolland Stage Road	Street Address 230 Grant Hill Road
City State Zip Tolland CT 06084	City State Zip Tolland CT 06084
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
5,000	Common A	50,000
30	Common B	300

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
200	Common A	2,000
30	Common B	300

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



* 8 0 2 7 3 *

4-18-01

File Date: _____

Check No.: 21362

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] 4/16/01
Signature of Officer Date

Dennis Q. Silva

Print or Type Name of Officer

Vice President

Title of Officer



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. **80273** 2. Name of Corporation **DARI-FARMS ICE CREAM CO., INC.**
3. Street Address Principal Business Office City State Zip
40 Tolland Stage Road Tolland CT 06084
4. Business Phone No. S. State of Incorporation 6. SIC Code
(860)872-8313 CONNECTICUT 2659

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

Ice Cream Distributor

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

President Name David J. Silva	Vice President Name Dennis Q. Silva
Street Address 64 Tolland Stage Road	Street Address 230 Grant Hill Road
City State Zip Tolland CT 06084	City State Zip Tolland CT 06084
Secretary Name Dennis Q. Silva	Treasurer Name Dennis Q. Silva
Street Address 230 Grant Hill Road	Street Address 230 Grant Hill Road
City State Zip Tolland CT 06084	City State Zip Tolland CT 06084

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

Director Name David J. Silva	Director Name Dennis Q. Silva
Street Address 64 Tolland Stage Road	Street Address 230 Grant Hill Road
City State Zip Tolland CT 06084	City State Zip Tolland CT 06084
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

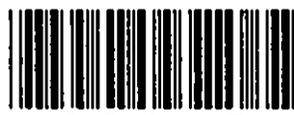
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
5,000	Common A	50,000
30	Common B	300

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
200	Common A	2,000
30	Common B	300

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



* 8 0 2 7 3 *

File Date: 3/31/00

Check No.: 20073

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: [Signature] Date: 3/28/00

Print or Type Name of Officer: DAVID J. SILVA

Title of Officer: PRESIDENT



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. 80273 2. Name of Corporation DART-FARMS ICE CREAM CO., INC.
3. Street Address Principal Business Office 40 Tolland Stage Rd. City Tolland State CT Zip 06084
4. Business Phone No. (860) 872-8313 5. State of Incorporation Connecticut 6. SIC Code 2659

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

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

President Name <u>David J. Silva</u> Street Address <u>64 Tolland Stage Rd.</u> City <u>Tolland</u> State <u>CT</u> Zip <u>06084</u>	Vice President Name <u>Dennis Q. Silva</u> Street Address <u>230 GRANT HILL</u> City <u>Tolland</u> State <u>CT</u> Zip <u>06084</u>
Secretary Name <u>Dennis Q. Silva</u> Street Address <u>230 Grant Hill Rd.</u> City <u>Tolland</u> State <u>CT</u> Zip <u>06084</u>	Treasurer Name <u>Dennis Q. Silva</u> Street Address <u>230 GRANT HILL</u> City <u>TOLLAND</u> State <u>CT</u> Zip <u>06084</u>

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

Director Name <u>David J. Silva</u> Street Address <u>64 Tolland Stage Rd.</u> City <u>Tolland</u> State <u>CT</u> Zip <u>06084</u>	Director Name <u>Dennis Q. Silva</u> Street Address <u>230 GRANT HILL RD.</u> City <u>Tolland</u> State <u>CT</u> Zip <u>06084</u>
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>5,000</u>	<u>Common A</u>	<u>50,000</u>
	<u>30</u>	<u>Common B</u>	<u>300</u>

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>200</u>	<u>Common A</u>	<u>2,000</u>
	<u>30</u>	<u>Common B</u>	<u>300</u>

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

File Date: 4-26-99
Check No: 18802
By: AMF

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.

Dennis Silva 4-22-99
Signature of Officer Date
Dennis Silva
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. **80273** 2. Name of Corporation **DARI-FARMS ICE CREAM CO., INC.**

3. Street Address Principal Business Office **40 Tolland Stage Rd.** City **Tolland** State **CT** Zip **06084**
4. Business Phone No **(860) 872-8313** 5. State of Incorporation **CONNECTICUT** 6. SIC Code

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

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

President Name **DAVID J. SILVA**
Street Address **64 Tolland Stage Rd.**
City **Tolland** State **CT** Zip **06084**

Vice President Name **DENNIS Q. SILVA**
Street Address **230 GRANT HILL RD.**
City **Tolland** State **CT** Zip **06084**

Secretary Name **DENNIS Q SILVA**
Street Address **230 GRANT HILL**
City **TOLLAND** State **CT** Zip **06084**

Treasurer Name **DENNIS Q SILVA**
Street Address **230 GRANT HILL RD.**
City **TOLLAND** State **CT** Zip **06084**

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

Director Name **DAVID J. SILVA**
Street Address **64 Tolland Stage Rd.**
City **Tolland** State **CT** Zip **06084**

Director Name **DENNIS Q. SILVA**
Street Address **230 GRANT HILL RD.**
City **TOLLAND** State **CT** Zip **06084**

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

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

Number of Shares	Class/Series	Par Value
5,000	Common A	50,000
30	Common B	300

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

Number of Shares	Class/Series	Par Value
200	A Common	2,000
30	B Common	300

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



* 8 0 2 7 3 *

File Date: 4.15.98
Check No.: 17063
By: 16P

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 Dennis Silva Date 4-10-98
Print or Type Name of Officer DENNIS SILVA
Title of Officer VICE-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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **80273** 2. Name of Corporation **DARI-FARMS ICE CREAM CO., INC.**

3. Street Address Principal Business Office **40 Tolland Stage Road** City **Tolland** State **CT** Zip **06084**

4. Business Phone No. **(860) 872-8313** 5. State of Incorporation **CONNECTICUT** 6. SIC Code

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

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

President Name David J. Silva Street Address 64 Tolland Stage Road City Tolland State CT Zip 06084	Vice President Name Dennis Q. Silva Street Address 230 Grant Hill Road City Tolland State CT Zip 06084
Secretary Name Dennis Q. Silva Street Address 230 Grant Hill Road City Tolland State CT Zip 06084	Treasurer Name Dennis Q. Silva Street Address 230 Grant Hill Road City Tolland State CT Zip 06084

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

Director Name David J. Silva Street Address 64 Tolland Stage Road City Tolland State CT Zip 06084	Director Name Dennis Q. Silva Street Address 230 Grant Hill Road City Tolland State CT Zip 06084
--	---

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000	Common A	50,000	200	A Common	2,000
30	Common B	300	30	B Common	300

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



File Date: 3.21.97
Check No.: 15630
By: CP

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.

Dennis Silva 3/25/97
Signature of Officer Date
Dennis Silva
Print or Type Name of Officer
Vice President
Title of Officer

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 PRINT IN BLACK INK.

1. CORPORATE ID NO. 80273
2. NAME OF CORPORATION DARI-FARMS ICE CREAM CO., INC.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 40 Tolland Stage Road, Tolland, CT 06084
4. BUSINESS PHONE NO. (860) 872-8313
5. STATE OF INCORPORATION CONNECTICUT
6. SIC CODE 8888

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Sale and Distribution of Ice Cream and similar dairy products

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME David J. Silva, Jr. STREET ADDRESS 64 Tolland Stage Road CITY Tolland STATE CT ZIP CODE 06084	VICE PRESIDENT NAME Dennis Q. Silva STREET ADDRESS 230 Grant Hill Road CITY Tolland STATE CT ZIP CODE 06084
SECRETARY NAME Dennis Q. Silva STREET ADDRESS 230 Grant Hill Road CITY Tolland STATE CT ZIP CODE 06084	TREASURER NAME Dennis Q. Silva STREET ADDRESS 230 Grant Hill Road CITY Tolland STATE CT ZIP CODE 06084

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME David J. Silva, Jr. STREET ADDRESS 64 Tolland Stage Road CITY Tolland STATE CT ZIP CODE 06084	DIRECTOR NAME Dennis Q. Silva STREET ADDRESS 230 Grant Hill Road CITY Tolland STATE CT ZIP CODE 06084
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10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
5,000	Common Stock Class A		200	Common Stock Class A	
30	Common Stock Class B		30	Common Stock Class B	

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.

David J. Silva
Signature of Officer

DAVID SILVA
Print or Type Name of Officer

Pres
Title of Officer

4/11/96
Date

File Date: 9/15/96

Check No: 14176

By: [Signature]
For Secretary of State Use Only



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

Corporate ID: 0080275 Annual Report for the year: 1995

Name of Corporation: DARI-FARMS ICE CREAM CO., INC.

Business entity organized under the laws of the State of: Connecticut
 For foreign entity, address and telephone number of principal office:
40 Tolland Stage Road
Tolland, CT 06084

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: (203) 872-8313
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
40 Tolland Stage Road
Tolland, CT 06084
 Phone: (203) 872-8313

Brief statement of the character of business conducted in Rhode Island:
sale and distribution of ice cream and similar dairy products

THE NAMES OF THE OFFICERS ARE:

OFFICER	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	David J. Silva, Jr.	64 Tolland Stage Road	Tolland, CT	06084
VICE PRESIDENT	Dennis Q. Silva	230 Grant Hill Road	Tolland, CT	06084
SECRETARY	Dennis Q. Silva	230 Grant Hill Road	Tolland, CT	06084
TREASURER	Dennis Q. Silva	230 Grant Hill Road	Tolland, CT	06084

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
David J. Silva, Jr.	64 Tolland Stage Road	Tolland, CT	06084
Dennis Q. Silva	230 Grant Hill Road	Tolland, CT	06084

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
5,000	Common Stock Class A	200	Common Stock Class A
30	Common Stock Class B	30	Common Stock Class B

Date: April 12 1995 By: Dennis Q. Silva
 Dennis Q. Silva
 Vice-President

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

CT CORPORATION SYSTEM
 123 DYER STREET
 PROVIDENCE RI 02903

FILED

APR 20 1995

By CC 12324