



**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 72974		2. Name of Corporation JONMAR, INC.			
3. Street Address Principal Business Office 1703 Cranston Street			City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 943-3140		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island RESTAURATEURS, CATERERS, INNKEEPERS, SUPPLIERS, PREPARERS, SERVERS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mario Macera			Vice President Name Mario Macera		
Street Address 151 Hazelton Street			Street Address 151 Hazelton Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Mario Macera			Treasurer Name Mario Macera		
Street Address 151 Hazelton Street			Street Address 151 Hazelton Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Mario Macera			Director Name None		
Street Address 151 Hazelton Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <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
1,000 NO PAR VALUE			200	common	none

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



**FILED**

File Date MAY 09 2005 3493

Check No. By [Signature]

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.

[Signature] 1/27/05  
 Signature of Officer Date

MARIO MACERA  
 Print or Type Name of Officer

PRESIDENT  
 Title of Officer



**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. 72974		2. Name of Corporation JONMAR, INC.			
3. Street Address Principal Business Office 1703 CRANSTON STREET			City CRANSTON	State RI	Zip 02920
4. Business Phone No. (401) 943-3140		5. State of Incorporation RHODE ISLAND			6. SIC Code 3079
7. Brief Description of the Character of Business Conducted in Rhode Island RESTAURATEURS, CATERERS, INNKEEPERS, SUPPLIERS, PREPARERS, SERVERS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARIO MACERA			Vice President Name JOHN NOTARIANNI		
Street Address 151 HAZELTON STREET			Street Address 22 HIGHLAND STREET		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name MARIO MACERA			Treasurer Name JOHN NOTARIANNI		
Street Address 151 HAZELTON STREET			Street Address 22 HIGHLAND STREET		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MARIO MACERA			Director Name JOHN NOTARIANNI		
Street Address 151 HAZELTON STREET			Street Address 22 HIGHLAND STREET		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Director Name NONE			Director Name NONE		
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
1,000	NO PAR VALUE		200	common	none

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



7 2 9 7 4

File Date 6/28/04

Check No. 3154

By: MB

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.

Mario Macera  
Signature of Officer

MARIO MACERA

Print or Type Name of Officer  
PRESIDENT

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. **72974** 2. Name of Corporation **JONMAR, INC.**  
3. Street Address Principal Business Office  
**1703 CRANSTON STREET** City **CRANSTON** State **RI** Zip **02920**  
4. Business Phone No. **(401) 943-3140** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Restaurant Business**

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

President Name <b>MARIO MACERA</b>	Vice President Name <b>JOHN NOTARIANNI</b>
Street Address <b>151 HAZELTON STREET</b>	Street Address <b>22 HIGHLAND STREET</b>
City State Zip <b>CRANSTON RI 02920</b>	City State Zip <b>CRANSTON RI 02920</b>
Secretary Name <b>MARIO MACERA</b>	Treasurer Name <b>JOHN NOTARIANNI</b>
Street Address <b>151 HAZELTON STREET</b>	Street Address <b>22 HIGHLAND STREET</b>
City State Zip <b>CRANSTON RI 02920</b>	City State Zip <b>CRANSTON RI 02920</b>

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

Director Name <b>MARIO MACERA</b>	Director Name <b>JOHN NOTARIANNI</b>
Street Address <b>151 HAZELTON STREET</b>	Street Address <b>22 HIGHLAND STREET</b>
City State Zip <b>CRANSTON RI 02920</b>	City State Zip <b>CRANSTON RI 02920</b>
Director Name <b>NONE</b>	Director Name <b>NONE</b>
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
	<b>1,000</b>	<b>NO PAR VALUE</b>	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>200</b>	<b>common</b>	<b>none</b>

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



\* 7 2 9 7 4 \*

File Date: 3.28.03  
Check No.: 2541  
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] 3/24/03  
Signature of Officer Date

**MARIO MACERA**  
Print or Type Name of Officer  
**PRESIDENT**

Title of Officer  
5



**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. **72974** 2. Name of Corporation **JONMAR, INC.**  
3. Street Address Principal Business Office  
**1703 Cranston Street** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **(401) 943-3140** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**restaurant business**

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

President Name <b>Mario Macera</b>	Vice President Name <b>John Notarianni</b>
Street Address <b>151 Hazelton Street</b>	Street Address <b>22 Highland Street</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>
Secretary Name <b>Mario Macera</b>	Treasurer Name <b>John Notarianni</b>
Street Address <b>151 Hazelton Street</b>	Street Address <b>22 Highland Street</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>

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

Director Name <b>Mario Macera</b>	Director Name <b>John Notarianni</b>
Street Address <b>151 Hazelton Street</b>	Street Address <b>22 Highland Street</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>
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  
**1,000 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**200 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: 4-29-02  
Check No.: 2049  
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: 4/26/02  
**Mario Macera**  
Print or Type Name of Officer  
**President**  
Title of Officer

**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. **72974** 2. Name of Corporation **JONMAR, INC.**  
3. Street Address Principal Business Office **1703 Cranston Street** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **(401) 943-3140** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

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

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

President Name **Mario Macera**  
Street Address **151 Hazelton Street**  
City **Cranston** State **RI** Zip **02920**  
Secretary Name **Mario Macera**  
Street Address **151 Hazelton Street**  
City **Cranston** State **RI** Zip **02920**

Vice President Name **John Notarianni**  
Street Address **22 Highland Street**  
City **Cranston** State **RI** Zip **02920**  
Treasurer Name **John Notarianni**  
Street Address **22 Highland Street**  
City **Cranston** State **RI** Zip **02920**

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

Director Name **Mario Macera**  
Street Address **151 Hazelton Street**  
City **Cranston** State **RI** Zip **02920**

Director Name **John Notarianni**  
Street Address **22 Highland Street**  
City **Cranston** State **RI** Zip **02920**

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**200 common no par value**

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



\* 7 2 9 7 4 \*

File Date: 3-20-01  
Check No: 1433  
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 3/19/01  
Print or Type Name of Officer **Mario Macera**  
**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. **72974** 2. Name of Corporation **JONMAR, INC.**  
3. Street Address Principal Business Office **1703 Cranston Street** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **(401) 943-3140** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**restaurant business**

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

President Name <b>Mario Macera</b>	Vice President Name <b>John Notarianni</b>
Street Address <b>151 Hazelton Street</b>	Street Address <b>22 Highland Street</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>
Secretary Name <b>Mario Macera</b>	Treasurer Name <b>John Notarianni</b>
Street Address <b>151 Hazelton Street</b>	Street Address <b>22 Highland Street</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>

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

Director Name <b>Mario Macera</b>	Director Name <b>John Notarianni</b>
Street Address <b>151 Hazelton Street</b>	Street Address <b>22 Highland Street</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 SHS NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>200</b>	<b>COMMON</b>	<b>no par value</b>

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



\* 7 2 9 7 4 \*

File Date: 4/24/00  
Check No.: 4848  
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] 4/21/00  
Signature of Officer Date  
**Mario Macera**  
Print or Type Name of Officer  
**President**  
Title of Officer



**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. **72974** 2. Name of Corporation **JONMAR, INC.**

3. Street Address Principal Business Office  
**1703 Cranston Street** City **Cranston** State **RI** Zip **02920**

4. Business Phone No. **401/943-3140** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

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

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

President Name <b>Mario Macera</b>	Vice President Name <b>John Notarianni</b>
Street Address <b>151 Hazelton Street</b>	Street Address <b>22 Highland Street</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>
Secretary Name <b>Mario Macera</b>	Treasurer Name <b>John Notarianni</b>
Street Address <b>151 Hazelton Street</b>	Street Address <b>22 Highland Street</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>

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

Director Name <b>Mario Macera</b>	Director Name <b>John Notarianni</b>
Street Address <b>151 Hazelton Street</b>	Street Address <b>22 Highland Street</b>
City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>
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
	<b>1,000 SHS</b>	<b>NO PAR VALUE</b>	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>200</b>	<b>COMMON</b>	<b>no par value</b>

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



\* 7 2 9 7 4 \*

File Date: Feb 11, 99

Check No.: 3875

By: JD.

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.

Mario Macera 2/8/99  
Signature of Officer Date

Mario Macera  
Print or Type Name of Officer

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. **72974** 2. Name of Corporation **JONMAR, INC.**  
3. Street Address Principal Business Office **1703 Cranston Street** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **401/943-3140** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

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

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

President Name <b>Mario Macera</b> Street Address <b>151 Hazelton Street</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	Vice President Name <b>John Notarianni</b> Street Address <b>7 Blossom Street</b> City <b>West Warwick</b> State <b>RI</b> Zip <b>02893</b>
Secretary Name <b>Mario Macera</b> Street Address <b>151 Hazelton Street</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	Treasurer Name <b>John Notarianni</b> Street Address <b>7 Blossom Street</b> City <b>West Warwick</b> State <b>RI</b> Zip <b>02893</b>

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

Director Name <b>Mario Macera</b> Street Address <b>151 Hazelton Street</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	Director Name <b>John Notarianni</b> Street Address <b>7 Blossom Street</b> City <b>West Warwick</b> State <b>RI</b> Zip <b>02893</b>
---	---

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>1,000 SHS</b>	<b>NO PAR VALUE</b>	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>200</b>	<b>COMMON</b>	<b>no par value</b>

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



File Date: 3/3/98  
Check No.: 3288

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.

Signature of Officer: Mario Macera Date: 2/27/98

**Mario Macera**  
Print or Type Name of Officer  
**President**  
Title of Officer



**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. **72974** 2. Name of Corporation **JONMAR, INC.**  
3. Street Address Principal Business Office **1703 Cranston Street** City **Cranston** State **RI** Zip **02920**  
4. Business Phone No. **943-3140** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3079**

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

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

President Name <b>Mario Macera</b> Street Address <b>151 Hazelton Street</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	Vice President Name <b>John Notarianni</b> Street Address <b>7 Blossom Street</b> City <b>West Warwick</b> State <b>RI</b> Zip <b>02893</b>
Secretary Name <b>Mario Macera</b> Street Address <b>151 Hazelton Street</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	Treasurer Name <b>John Notarianni</b> Street Address <b>7 Blossom Street</b> City <b>West Warwick</b> State <b>RI</b> Zip <b>02893</b>

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

Director Name <b>Mario Macera</b> Street Address <b>151 Hazelton Street</b> City <b>Cranston</b> State <b>RI</b> Zip <b>02920</b>	Director Name <b>John Notarianni</b> Street Address <b>7 Blossom Street</b> City <b>West Warwick</b> State <b>RI</b> Zip <b>02893</b>
---	---

**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
<b>1,000 SHS NO PAR VALUE</b>			<b>200</b>	<b>common</b>	<b>no par value</b>

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



File Date: 6/16/97  
Check No.: 2737  
By: KIP

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: Mario Macera Date: 6/12/97  
Print or Type Name of Officer: Mario Macera  
Title of Officer: President

**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. 72974		2. NAME OF CORPORATION JONMAR, INC.					
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1703 Cranston Street				CITY Cranston	STATE RI	ZIP CODE 02920	
4. BUSINESS PHONE NO. 943-3140			5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 3079	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND eating establishment							
8. NAMES AND ADDRESSES OF THE OFFICERS							
PRESIDENT NAME Mario Macera				VICE PRESIDENT NAME John Notarianni			
STREET ADDRESS 151 Hazelton Street				STREET ADDRESS 7 Blossom Street			
CITY Cranston	STATE RI	ZIP CODE 02920		CITY West Warwick	STATE RI	ZIP CODE 02893	
SECRETARY NAME Mario Macera				TREASURER NAME John Notarianni			
STREET ADDRESS 151 Hazelton Street				STREET ADDRESS 7 Blossom Street			
CITY Cranston	STATE RI	ZIP CODE 02920		CITY West Warwick	STATE RI	ZIP CODE 02893	
9. NAMES AND ADDRESSES OF THE DIRECTORS							
DIRECTOR NAME Mario Macera				DIRECTOR NAME John Notarianni			
STREET ADDRESS 151 Hazelton Street				STREET ADDRESS 7 Blossom Street			
CITY Cranston	STATE RI	ZIP CODE 02920		CITY West Warwick	STATE RI	ZIP CODE 02893	
DIRECTOR NAME				DIRECTOR NAME			
STREET ADDRESS				STREET ADDRESS			
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
10. SHARES AUTHORIZED AND ISSUED							
AUTHORIZED SHARES				ISSUED SHARES			
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE		NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	
1,000 SHS	NO PAR VALUE			200	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.

File Date: 7/18/96  
Check No: 2092  
By: *cc*  
For Secretary of State Use Only

*John L. Notarianni*  
Signature of Officer  
JOHN L. NOTARIANNI  
Print or Type Name of Officer  
V.P.  
Title of Officer  
7/17/96  
Date



**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: 0072974 Annual Report for the year: 1995

Name of Corporation: JONMAR, INC.

Business entity organized under the laws of the State of: RI

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

For foreign entity, address and telephone number of principal office:

Brief statement of the character of business conducted in Rhode Island:

Phone: ( )

eating establishment

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

1703 Cranston Street

Cranston, RI 02920

Phone: ( ) 943-3140

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Mario Macera	151 Hazelton Street, Cranston, RI	02920	
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
John Notarianni	7 Blossom Street, West Warwick, RI	02893	
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Mario Macera	same		
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
John Notarianni	same		

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Mario Macera	same		
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
John Notarianni	same		
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

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
1,000	common no par value	200	common no par value

Date 2-17, 19 95

By:   
 John L. Notarianni  
PRINT OR TYPE NAME OF OFFICER SIGNING  
 Vice President  
TITLE OF OFFICER SIGNING

Form 31 1/95

**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.

STEVEN A. MORETTI  
 1140 RESERVOIR AVENUE  
 CRANSTON RI 02920

FEB 21 1995  
  
 CH# 1326

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

File Annually  
LLC Sept 1 - Nov 1  
CORP Jan 1 - March 1

Corporate ID: 0072974 Annual Report for the year: 1994

Name of Business Entity: JONMAR, INC.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: \_\_\_\_\_

For foreign entity, address and telephone number of principal office:  
\_\_\_\_\_  
\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

1703 Cranston Street  
Cranston, RI 02920

Phone: (\_\_\_\_) \_\_\_\_\_

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

John Notarianni/Mario Macera  
1703 Cranston Street  
Cranston, RI 02920

Brief statement of the character of business conducted in Rhode Island  
eating establishment

Date of Organization: 6-22-93

Date of Qualification to do business in Rhode Island (if foreign entity): \_\_\_\_\_

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT (Check One)	Mario Macera	151 Hazleton Street, Cranston, RI	02920	
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR				
<input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	John Notarianni	7 Blossom Street, W. Warwick, RI	02893	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR				
<input checked="" type="checkbox"/> SECRETARY (Check One)	Mario Macera	same		
<input type="checkbox"/> CUSTODIAN OF RECORDS OR				
<input checked="" type="checkbox"/> TREASURER (Check One)	John Notarianni	same		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR				

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Mario Macera	same		
John Notarianni	same		

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER: 1,000	NUMBER: 200
CLASS: common	CLASS: common
SERIES:	SERIES:
PAR VALUE OR WITHOUT PAR: no par value	PAR VALUE OR WITHOUT PAR: no par value

**FILED**  
**APR 01 1994**  
By 6049B

Date 3/28 19 94

By John Notarianni  
PRINT OR TYPE NAME OF OFFICER SIGNING  
Vice President  
TITLE OF OFFICER SIGNING

Form 31 1/84

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC-3 must be filed

STEVEN A. MORETTI  
1140 RESERVOIR AVENUE  
CRANSTON RI 02920