



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

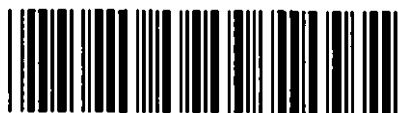
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 132979		2. Name of Corporation Len's Hot Dog Haven, Inc.			
3. Street address Principal Business Office 71 LINCOLN AVE,			City CENTRAL FALLS	State RI	Zip 02863
4. Business Phone No. 401-265-2392		5. State of Incorporation RHODE ISLAND		6. SIC Code 3079	
7. Brief Description of the Character of Business Conducted in Rhode Island THE SALE OF HOT DOGS AND SOFT DRINKS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LEONARD E ROUNDS III			Vice President Name none		
Street Address 71 LINCOLN AVE			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State	Zip
Secretary Name none			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name LEONARD E ROUNDS III			Director Name		
Street Address 71 LINCOLN AVE			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	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
1,000 NO PAR VALUE			300	Common	N.P.V.

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



File Date	FILED
Check No.	MAY 19 2005 372
By	By KLB
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 **Leonard E Rounds III** Date **5-18-05**
Print or Type Name of Officer **LEONARD E ROUNDS III**
Title of Officer **PRESIDENT**



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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			300	Common	NO PAR

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File Date 3.1.04
115
Check No.
By: 2
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 Leonard E Rounds III Date 2/28/04
Print or Type Name of Officer
LEONARD E ROUNDS III
Title of Officer
PRESIDENT