



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. 90380		2. Name of Corporation EAST SIDE FOOD MART, INC.			
3. Street Address Principal Business Office 152 Angell Street			City Providence	State RI	Zip 02906
4. Business Phone No. (401) 751-3090		5. State of Incorporation RHODE ISLAND			6. SIC Code 3210
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN, OPERATE, MANAGE AND CONDUCT A GENERAL FOOD SERVICE MART BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mario Coletta			Vice President Name Valia Coletta		
Street Address 45 Jane Street			Street Address 45 Jane Street		
City No. Providence	State RI	Zip 02904	City No. Providence	State RI	Zip 02904
Secretary Name Mario Coletta			Treasurer Name Mario Coletta		
Street Address same as above			Street Address same as above		
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 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 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



90380

File Date	FILED
Check No.	MAR 01 2005 27320
By	By KB
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.

1/24/05
Signature of Officer Date

Mario Coletta

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 02903-1335
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 OR PRINTED IN BLACK)

1. Corporate ID No. 90380		2. Name of Corporation EAST SIDE FOOD MART, INC.			
3. Street Address Principal Business Office 152 Angell Street		City Providence		State RI	Zip 02906
4. Business Phone No. (401) 751-3090		5. State of Incorporation RHODE ISLAND			6. SIC Code 3210
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN, OPERATE, MANAGE AND CONDUCT A GENERAL FOOD SERVICE MART BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mario Coletta			Vice President Name Valia Coletta		
Street Address 45 Jane Street			Street Address 45 Jane Street		
City No. Providence	State RI	Zip 02904	City No Providence	State RI	Zip 02904
Secretary Name Mario Coletta			Treasurer Name Mario Coletta		
Street Address same as above			Street Address 45 Jane Street		
City	State	Zip	City No. Providence	State RI	Zip 02904
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 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



* 9 0 3 8 0 *

File Date 2/20/04
Check No. 25837
By: B.

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 Coletta

Print or Type Name of Officer

President

Title of Officer



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 OR PRINTED IN BLACK

1. Corporate ID No. **90380** 2. Name of Corporation **EAST SIDE FOOD MART, INC.**

3. Street Address Principal Business Office **152 Angell Street** City **Providence** State **RI** Zip **02906**

4. Business Phone No. **(401) 751-3090** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3210**

7. Brief Description of the Character of Business Conducted in Rhode Island **To engage in, operate, manage and conduct a general food service mart business and for other lawful purposes**

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

President Name Mario Coletta			Vice President Name Valia Coletta		
Street Address 45 Jane Street			Street Address 45 Jane Street		
City No. Providence	State RI	Zip 02904	City No. Providence	State RI	Zip 02904
Secretary Name Mario Coletta			Treasurer Name Mario Coletta		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
2,000 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



* 9 0 3 8 0 *

File Date **3-6-03**

Check No. **23880**

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.

2/17/03
Signature of Officer Date

Mario Coletta
Print or Type Name of Officer

President
Title of Officer



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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

90380

2. Name of Corporation

EAST SIDE FOOD MART, INC.

3. Street Address Principal Business Office

152 Angell Street

City

Providence

State

RI

Zip

02906

4. Business Phone No.

(401) 751-3090

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3210

7. Brief Description of the Character of Business Conducted in Rhode Island To engage in, operate, manage and conduct a general food service mart business and for other lawful purposes

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

President Name

Mario Coletta

Vice President Name

Valia Coletta

Street Address

45 Jane Street

Street Address

45 Jane Street

City

No. Providence

State

RI

Zip

02904

City

No. Providence

State

RI

Zip

02904

Secretary Name

Mario Coletta

Treasurer Name

Mario Coletta

Street Address

same as above

Street Address

same as above

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 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



* 9 0 3 8 0 *

File Date: 2-6-02

Check No.: 22529

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] 1-30-02
Signature of Officer Date

Mario Coletta

Print or Type Name of Officer

President

Title of Officer



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. **90380** 2. Name of Corporation **EAST SIDE FOOD MART, INC.**

3. Street Address Principal Business Office **152 Angell Street** City **Providence** State **RI** Zip **02906**

4. Business Phone No. **(401) 751-3090** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3210**

7. Brief Description of the Character of Business Conducted in Rhode Island **To engage in, operate, manage and conduct a general food service mart business and for other lawful purposes**

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

President Name Mario Coletta Street Address 45 Jane Street City No. Providence State RI Zip 02904	Vice President Name Valia Coletta Street Address 45 Jane Street City No. Providence State RI Zip 02904
---	--

Secretary Name Mario Coletta Street Address same as above City State Zip	Treasurer Name Mario Coletta Street Address same as above City State Zip
---	---

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
--	--

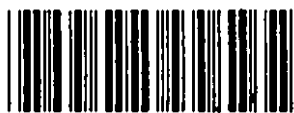
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
2,000 NO PAR VALUE		

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

ISSUED 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



* 9 0 3 8 0 *

File Date: 1/30

Check No.: 20202

By: MC

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 Coletta 1/15/2001
Signature of Officer Date

Mario Coletta

Print or Type Name of Officer

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. 90380		2. Name of Corporation EAST SIDE FOOD MART, INC.	
3. Street Address Principal Business Office 152 Angell Street		City Providence	State RI
4. Business Phone No. (401) 751-3090		5. State of Incorporation RHODE ISLAND	6. SIC Code 3210
7. Brief Description of the Character of Business Conducted in Rhode Island To engage in, operate, manage and conduct a general food service mart business and for other lawful purpose			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Mario Coletta		Vice President Name Valia Coletta	
Street Address 45 Jane Street		Street Address 45 Jane Street	
City No. Providence	State RI	City No. Providence	State RI
Zip 02904		Zip 02904	
Secretary Name Mario Coletta		Treasurer Name Mario Coletta	
Street Address same as above		Street Address same as above	
City 	State 	City 	State
Zip 		Zip 	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name NONE		Director Name 	
Street Address 		Street Address 	
City 	State 	City 	State
Zip 		Zip 	
Director Name 		Director Name 	
Street Address 		Street Address 	
City 	State 	City 	State
Zip 		Zip 	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares 2,000 SHS NO PAR VALUE	Class/Series 	Par Value 	
		Number of Shares 1000	Class/Series common
			Par Value no par value

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



* 9 0 3 8 0 *

PAID

File Date: **MAY 13 2000**
Check No.: **SEC'Y OF STATE**
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.

Mario Coletta 1/27/00
Signature of Officer Date:
Mario Coletta
Print or Type Name of Officer
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 **1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

90380

2. Name of Corporation

EAST SIDE FOOD MART, INC.

3. Street Address Principal Business Office

152 Angell Street

City

Providence

State

RI

Zip

02906

4. Business Phone No.

(401) 751-3090

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3210

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

To engage in, operate, manage and conduct a general food service mart business and for other lawful purpose

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Mario Coletta

Vice President Name

Valia Coletta

Street Address

45 Jane Street

Street Address

45 Jane Street

City

North Providence

State

RI

Zip

02904

City

North Providence

State

RI

Zip

02904

Secretary Name

Mario Coletta

Treasurer Name

Mario Coletta

Street Address

same as above

Street Address

same as above

City

State

Zip

City

State

Zip

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

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2,000 SHS 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



* 9 0 3 8 0 *

File Date: Feb 10/1999

Check No.: 1858

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]
Signature of Officer Date

Mario Coletta

Print or Type Name of Officer

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
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.		2. Name of Corporation			
90380		EAST SIDE FOOD MART, INC.			
3. Street Address Principal Business Office		City	State	Zip	
152 Angell Street		Providence	RI	02906	
4. Business Phone No.	5. State of Incorporation		6. SIC Code		
751-3090	RHODE ISLAND		3210		
7. Brief Description of the Character of Business Conducted in Rhode Island To engage in, operate, manage and conduct a general food service mart business and for other lawful purpose					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)					
President Name		Vice President Name			
Mario Coletta		Valia Coletta			
Street Address		Street Address			
45 Jane Street		45 Jane Street			
City	State	City	State	Zip	
North Providence	RI	North Providence	RI	02904	
Secretary Name		Treasurer Name			
Mario Coletta		Mario Coletta			
Street Address		Street Address			
same as above		same as above			
City	State	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	City	State	Zip	
Director Name		Director Name			
Street Address		Street Address			
City	State	City	State	Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 SHS 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



* 9 0 3 8 0 *

File Date: 2.20.98
Check No.: 2497
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: 2/17/98
Print or Type Name of Officer: Mario Coletta
Title of Officer: 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. **90380** 2. Name of Corporation **EAST SIDE FOOD MART, INC.**
3. Street Address Principal Business Office **152 Angell Street** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **(751-3090)** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3210**

7. Brief Description of the Character of Business Conducted in Rhode Island **To engage in, operate, manage and conduct a general food service mart business and for other lawful purpose.**

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

President Name	Vice President Name
Mario Coletta	Valia Coletta
Street Address	Street Address
45 Jane Street	45 Jane Street
City	City
North Providence	North Providence
State RI	State RI
Zip 02904	Zip 02904
Secretary Name	Treasurer Name
Mario Coletta	Mario Coletta
Street Address	Street Address
same as above	same as above
City	City
State	State
Zip	Zip

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

Director Name	Director Name
NONE	
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 AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 SHS 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 0 3 8 0 *

File Date: 3-7-97

Check No.: 2120

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.

Mario Coletta 3/25/97
Signature of Officer Date

Mario Coletta
Print or Type Name of Officer

President
Title of Officer