

### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

MAR 0 1 2005

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02993-1335 401 222 3040

ROFIT 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) L. Gorponate II i No. 2 Name of Corporation EAST SIDE FOOD MART, INC. 90380 5 Street Address Principal Rusiness Office State 02906 RΙ 152 Angell Street Providence i. Business Phone No. 5 State of Incorporation 6 SIC Code 3210 RHODE ISLAND (401) 751-3090 7 Brief Description of the Character of Husings Conducted in Recite Mand.
TO ENGAGE IN, OPERATE, MANAGE AND CONDUCT A GENERAL FOOD SERVICE MART BUSINESS. ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Awe President Name Valia Coletta <u>M</u>ario Coletta Street Address Street Address 45 Jane Street 45 Jane Street State 02904 02904 RI No, Providence | RI No. Providence Mario Coletta Mario Coletta Street Address Street Address same as above same as above State Sale FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name NONE Street Address Street Address Director Name Street Address Street Address  $C_{i}(t)$ State Z(t)Car State Zip10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZITO SHARES ISSUED SHARES Number of Shares Casyseries Par Value Number of Shares Gass/Senes Par Velue 1000 no par value common 2,000 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 File Date

> Mario Coletta Print or Type Name of Officer

> > President



#### 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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR $oldsymbol{\bot}$	2004
---	------

Filing Period: January 1 - March 1 Filing Fec: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2 Name of Corporation 90380 EAST SIDE FOOD MART, INC. 3 Street Address Principal Business Office Providence State 152 Angell Street 02906 RI 4 Business Phone No. 5. State of Incorporation 6. SIG Code (401) 751-3090 3210 RHODE ISLAND 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) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Mario Coletta Valia Coletta Street Address 45 Jane Street 45 Jane Street No. Providence 02904 No Providence RI 02904 Treasurer Name Secretary Name Mario Coletta Mario Coletta Street Address Street Address same as above 45 Jane Street State Z.Ip Ctty State 02904 No. Providence RΙ 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Nume NONE Street Address Street Address Zip State Zip State Çitv Director Name Director Name Street Address Street Address City State Z.Ip Zip Cir State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares Class'Series Par Value Class/Sertes Par Value 1000 no par value common 2,000 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 Date Signuluire of Officer Mario Coletta

> Print or Type Name of Officer President

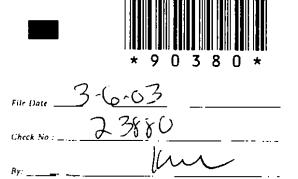
Edward S. Inman, III. Secretary of State Corporations Division

100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

FORM MUST BE TYPED OR PRINTEI	D IN BLACK)				
1. Corporate ID No.	2. Name of Corporation				
90380	EAST SIDE FO	OD MART, INC.			
3. Street Address Principal Business Of			City	State	Zip
152 Angell Stre	et		Providenc <del>e</del>	RI	02906
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 751-3090		RHODE ISLAND			3210
7. Brief Description of the Character o	f Business Conducted in Rh	ode Island To engage	in, operate, manage	e and conduct a	general food
service mart b B. NAMES AND ADDRESSI President Name	ousiness and f	or other lawful	purposes MENT) FILL IN SPACES BEF	ORE USING ATTACHM	
Mario Coletta			Vice President Name Valia Coletta		
Street Address			Street Address		
45 Jane Street			45 Jane Street		
City	State	Zip	City	State	7:0
No. Providence	RI	02904	No. Providence	RI	02904
eccetary Name Mario Coletta			Treusurer Name Mario Coletta		
Street Address			Street Address		
same as above			same as above		
City	State	Zip	City	State	71p
9. NAMES AND ADDRESSE Director Name NONE	ES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BI Director Name	EFORE USING ATTACH	MENTS
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
Director Name			Director Name		
itreet Address			Street Address		
üny	State	Zip	City	State	Zıp
10. SHARES AUTHORIZED	("X" BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*x* B	OX FOR ATTACHMENT)	
AUTHORIZED SHARES			ESSUED SHARES		
lumber of Shares	Ciass/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



FOR SECRETARY OF STATE USE ONLY

this report, including any accompanyir that all statements contained herein ar	••
Muse of Officer fir lette	2/17/02 Bute
Mario Coletta Print or Type Name of Officer	
President	
A CANADA S	Form 639 - 12'02

Under penalty of perjury, I declare and affirm that I have examined

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Proxidence, RI 02903-1335 401-222-3040

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLAC	(K)				
1. Corporate ID No	2. Name of Corpora	tion			<del></del>
90380	EAST SIDE	FOOD MART, INC.			
3. Street Address Principal Business (	Office		City	State	Zip
152 Angell Stree	et		Providence	RI	02906
4 Business Phone No.		5. State of Incorporation	9n		6. SIC Code
(401) 751-3090		RHODE ISLA	ND		3210
7 Brief Description of the Character	of Business Conducted i	n Rhode Island To enga	ige in, operate, manad	re and conduc	t a general food
service mart busin	ness and for	other lawful p	ourposes		-
8. NAMES AND ADDRESS	ES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES BE	FORE USING ATTA	CHMENTS
President Name			Vice President Name		
Mario Coletta			Valia Coletta		
Street Address			Street Address		
45 Jane Street			45 Jane Street		
City	State	Zip	City	State	Zip
No. Providence	RI	02904	No. Providence	RI	02904
Secretary Name			Treasurer Name		
Mario Coletta			Mario Coletta		
Street Address			Street Address		
same as above			same as above		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	ES OF THE DIRI	ECTORS (*X* BOX FOR A	TTACHMENT) FILL IN SPACES	BEFORE USING AT	TACHMENTS
Director Name			Director Name		
NONE					
Street Address			Street Address		
City	State	Z)p	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Cuy	State	Zıp	City	State	Zip
10. SHARES AUTHORIZED	) ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED (-x-	BOX FOR ATTACHMEN	(T)
AUTHORIZED SHARES			ISSUITO SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2.000 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:	2.602
Check No.:	22529
Bv.	<u> </u>
FOR SECRETARY OF S	TATE 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.

common

no par value

Diruic Call lite 1.50

Mario Coletta

Print or Type Name of Officer

President

1000

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

STOP PLEASE READ INSTRUCTIONS

, ,					Antaganti
FORM MUST BE TYPED IN BLACK	)				
1 Corporate ID No. <b>90380</b>	2 Name of Corporation EAST SIDE FO	OD MART, INC.			<del></del>
3. Street Address Principal Business Off	icr		City	State	Zip
152 Angell Stre	et	5. State of Incorporation	Providence	RI	02906 6 SIC Code <b>3210</b>
(401) 751-3090 7 Brief Description of the Character of	Business Conducted in Rhod	RHODE ISLAND	in, operate, manage	and conduct a c	
service mart bu	usiness and fo	r other lawful	purposes  MENT) FILL IN SPACES BEFO  Vice President Name		
Mario Coletta Street Address 45 Jane Street			Valia Coletta Succi Address 45 Jane Street		
No. Providence	State RI	02904	No. Providence	State RI	<sup>2ip</sup> 02904
Secretary Name			Deasurer Name		
Mario Coletta Street Address			Mario Coletta Street Address		
same as above			same as above		
City	State	Zip	City	State	7·p
9. NAMES AND ADDRESSE Director Name	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BE	FORE USING ATTACH	MENTS
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 AUTHORIZED SHARES	CX* BOX FOR ATTACHM	(ENT)	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALU	E		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
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.

Mario Coletta

Print or Type Name of Officer
President



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
----------------------------------	---	---------------------

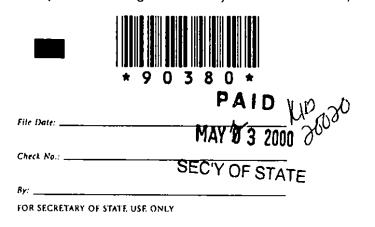
(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Cosporation

90380	EAST SIDE	FOOD MART, INC.			
3. Street Address Principal Business C	Office		City	State	Zip
152 Angell Stre 4. Business Phone No.	et	S. State of Incorporation	Providence	RI	02906 6. sic Code
	of Ausiness Conducted In		in, operate, manage	e and conduct a	3210 general food
		or other lawful p			
8. NAMES AND ADDRESS President Name	ES OF THE OFFIC	ERS ("X" BOX FOR ATTACH!	MENT) FILL IN SPACES BEF Vice President Nume	ORE USING ATTACHM	ENTS
Mario Coletta			Valia Coletta		
Street Address			Street Address		
45 Jane Street			45 Jane Street		
City	State	Zip	City	State	Zip
No. Providence	RI	02904	No. Providence	RI	02904
Secretary Name		•	Treasurer Name		
Mario Coletta			Mario Coletta		
Street Address			Street Address		
same as above	State	Zip	same as above	State	Zip
0 11414EG . 11E . E . E . E . E . E . E . E . E .					
9. NAMES AND ADDRESS Director Name	ES OF THE DIREC	CTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BI Director Name	EFORE USING ATTACH	MENTS
NONE			Director Name		
Street Address			Street Address		
City	Sinte	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*x* #	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Volue	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



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 Dail

Mario Coletta
Print or Type Name of Officer

President





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

GORM MUST BE TYPED IN BLACK	)				
(Corporate II) No. 90380	2. Name of Corporation EAST SIDE FOO	DD MART, INC.			_
3. Street Address Principal Business Off 152 Angell Stree			Providence	State R 7	02906 T
4. Rusiness Phone No. (401) 751-3090		5. State of Incorporation RHODE ISLAND	`		6. SIC Gode <b>3210</b>
7. Brief Description of the Character of service mart bus 8. NAMES AND ADDRESSE President Name Coletta	iness and for	other lawful pu		ge and conduct a	
Street Address 45 Jane Street		·	Street Address 45 Jane Street		
North Providence	State RI	02904	North Providence	State RI	<sup>Zlp</sup> 02904
Secretary Name Mario Coletta			Mario Coletta	•	,
Street Address same as above			Same as above		·
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE Director Name NONE	S OF THE DIRECTO	DRS (*X* BOX FOR ATTAC	HMENT) FILL IN SPACES BI	EFORE USING ATTACH	MENTS
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 AUTHORIZED SHARES	(*X* BOX FOR ATTACHM	(ENT)	11. SHARES ISSUED (*X* B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 SHS NO PAR VA	ALUE		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:	ph 10199
Check No.:  By:	1858
	RY 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.

Date Signature of Officer

Mario Coletta Print or Type Name of Officer

Title of Officer

President



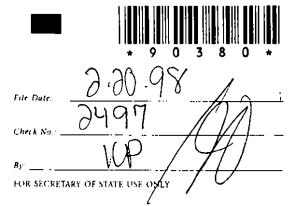
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PITAM RIAD INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK	)	•			
1. Corporate ID No.	2. Name of Corporation		•	•	
90380	EAST SIDE FO	OOD MART, INC.			
3. Street Address Principal Business Of			City	State	Zip
152 Angell Stree	t		Providence	RI	02906
4. Business Phone No.		5. State of Incorporation			6. SIG Code
751-3090		RHODE ISLAND	•		3210
7. Brief Description of the Character of	Business Conducted in Rh	ode Island To engage	in, operate, manage	e and conduct a	general food
service mart bus					
8. NAMES AND ADDRESSE	S OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT)		
President Name			Vice President Name		
Mario Coletta			Valia Coletta		1
Street Address			Street Address		
45 Jane Street			45 Jane Street		
City	State	Zip	City	State	Zip
North Providence	RI	02904	North Providence	RI	02904
Secretary Name		•	Treasurer Name		
Mario Coletta			Mario Coletta		
Street Address			Street Address		
same as above			same as above		
City	State	Z (p	City	State	Zip
9. NAMES AND ADDRESSE	S AFTHE DIDECT	CODS (4Y F BOY EOD ATTA	('IIII(ENIT)		
Director Name	3 OF THE DIRECT	OKS (A BOAFOR ATTAI	Ottoren 17 Director Name		•
NONE					
Street Address			Street Address		
City	State	Zıp	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Gity =	State	Zip	- City	State	Zip
10. SHARES AUTHORIZED	(*X* ROX FOR ATTACH	IMENT)	11. SHARES ISSUED (*X* B	OF EOR ATTACHMENT	
AUTHORIZED SHARES	JON TOWN HIME		ISSUED SHARES	ON FOR BLINGHMENT	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 SHS NO PAR VA	LUE		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



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.

Music White 2

Mario Coletta MARIO ColoTIA

President



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	ΒE	TYPED I	IN BLACK)	
-------	------	----	---------	-----------	--

1101 36 151H	C17 114	ULV CV	·*				
1. Corporate ID No.	~		2. Name of Corporation 4		a se la france	 ing promise promise in a The order of the company	· • • • • • • •
90380			FAST SIDE FOR	OD MART	INC	 "Fat"	

3. Street Address Principal Business Office City State 7.10

152 Angell Street Providence RI 02906
Business Phone No. State of Incorporation Providence RI 6. SIC Gode

(751-3090 RHODE ISLAND 3010

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.

Reflect Description of the Character of Business Conduct a general foot

Service mart business and for other lawful purpose.

REAL AND ADDRESSES OF THE OFFICERS (MY POX FOR ATTRIBUTED)

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

President Name

Vice President Name

Mario Coletta Valia Coletta Street Address

45 Jane Street

State Zip Gity State Zip Zip

North Providence RI 02904 North Providence RI 02904
Secretary Name

North Providence RI 02904

Theasurer Name

Mario Coletta Mario Coletta Street Address Coletta

same as above same as above

City State Zip Clty 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 AND ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES IZMED 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

Mario Coletta

Print or Type Name of Officer

FOR SECRETARY OF STATE USE ONLY

President

President