



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 IN BLACK)

1. Corporate ID No. 92980		2. Name of Corporation LAUREL FOOD AND BEVERAGE, INC.	
3. Street Address Principal Business Office 309 LAUREL LANE		City WEST KINGSTON	State RI
4. Business Phone No. 4017833844		5. State of Incorporation RHODE ISLAND	6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island OWN AND OPERATE A RETAIL FOOD AND BEVERAGE FACILITY.			
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Joseph A. Videtta		Vice President Name Joseph A. Videtta	
Street Address 309 Laurel Lanae		Street Address 309 Laurel Lanae	
City West Kingston	State RI	Zip 02892	City West Kingston
State RI	Zip 02892	City West Kingston	State RI
Zip 02892	Treasurer Name Joseph A. Videtta		Zip 02892
Secretary Name Joseph A. Videtta		Street Address 309 Laurel Lanae	
Street Address 309 Laurel Lanae		City West Kingston	
City West Kingston	State RI	Zip 02892	City West Kingston
State RI	Zip 02892	City West Kingston	State RI
Zip 02892	9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		Zip 02892
Director Name None		Director Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Zip	Director Name		Zip
Director Name		Street Address	
Street Address		City	
City	State	Zip	City
State	Zip	City	State
Zip	10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		Zip
AUTHORIZED SHARES		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
ISSUED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares
Class/Series	Par Value	Number of Shares	Class/Series
Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE	50	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 2 9 8 0

92980 DBC 02/15 2005 3:39 PM

FILED

File Date **MAR 22 2005** 3550

Check No. _____

By Joseph Videtta

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.

Joseph Videtta 3/1/05

Signature of Officer Date

Joseph Videtta

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
401.222.3046

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. 92980		2. Name of Corporation LAUREL FOOD AND BEVERAGE, INC.			
3. Street Address Principal Business Office 309 Laurel Lane			City West Kingston	State RI	Zip 02892
4. Business Phone No 401-783-3844		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island OWN AND OPERATE A RETAIL FOOD AND BEVERAGE FACILITY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph A. Videtta			Vice President Name Joseph A. Videtta		
Street Address c/o 309 Laurel Lane			Street Address c/o 309 Laurel Lane		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Secretary Name Joseph A. Videtta			Treasurer Name Joseph A. Videtta		
Street Address c/o 309 Laurel Lane			Street Address c/o 309 Laurel Lane		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
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
100 COMM NO PAR VALUE			50	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 2 9 8 0 *

File Date 2-3-04
Check No. 2969
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.

Joseph A. Videtta 1/28/05
Signature of Officer Date
Joseph A. Videtta
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. **92980** 2. Name of Corporation **LAUREL FOOD AND BEVERAGE, INC.**
3. Street Address Principal Business Office **309 Laurel Lane** City **West Kingston** State **RI** Zip **02892**
4. Business Phone No. **401-783-3844** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island **Operator of golf course and all activities consistent therewith and any other lawful purpose.**

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

President Name Joseph A. Videtta	Vice President Name Joseph A. Videtta
Street Address c/o 309 Laurel Lane	Street Address c/o 309 Laurel Lane
City West Kingston State RI Zip 02892	City West Kingston State RI Zip 02892
Secretary Name Joseph A. Videtta	Treasurer Name Joseph A. Videtta
Street Address c/o 309 Laurel Lane	Street Address c/o 309 Laurel Lane
City West Kingston State RI Zip 02892	City West Kingston State RI Zip 02892

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	Class/Series	Par Value
Number of Shares		
100 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
50	Common	No Par Va.

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



* 9 2 9 8 0 *

File Date 2.11.03

Check No. 2955

By UP

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.

Joseph A. Videtta 2/3/03
Signature of Officer Date

Joseph A. Videtta
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
Corporations Div.
100 North Main Street, Providence, RI 02903-1
401-222-3

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. **92980** 2. Name of Corporation **LAUREL FOOD AND BEVERAGE, INC.**
3. Street Address Principal Business Office **309 Laurel Lane** City **West Kingston** State **RI** Zip **02892**
4. Business Phone No. **401/783-3844** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**
7. Brief Description of the Character of Business Conducted in Rhode Island **Operator of golf course and all activities**

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
consistent therewith and any other lawful purpose.

President Name Joseph A. Videtta Street Address c/o 309 Laurel Lane City West Kingston State RI Zip 02892	Vice President Name Joseph A. Videtta Street Address c/o 309 Laurel Lane City West Kingston State RI Zip 02892
Treasurer Name Joseph A. Videtta Street Address c/o 309 Laurel Lane City West Kingston State RI Zip 02892	

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

Director Name None Street Address None City None State None Zip None	Director Name None Street Address None City None State None Zip None
---	---

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares Class/Series Par Value
100 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
50 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 2 9 8 0 *

File Date: 8-6-02
Check No.: 3740
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.
Joseph A. Videtta 1/31/02
Signature of Officer Date
Joseph A. Videtta
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. **92980** 2. Name of Corporation **LAUREL FOOD AND BEVERAGE, INC.**
3. Street Address Principal Business Office **309 Laurel Lane** City **West Kingston** State **RI** Zip **02892**
4. Business Phone No **401/783-3844** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**
7. Brief Description of the Character of Business Conducted in Rhode Island **Operator of golf course and all activities consistent therewith and any other lawful purpose.**

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

President Name Joseph A. Videtta	Vice President Name Joseph A. Videtta
Street Address c/o 309 Laurel Lane	Street Address c/o 309 Laurel Lane
City West Kingston State RI Zip 02892	City West Kingston State RI Zip 02892
Secretary Name Joseph A. Videtta	Treasurer Name Joseph A. Videtta
Street Address c/o 309 Laurel Lane	Street Address c/o 309 Laurel Lane
City West Kingston State RI Zip 02892	City West Kingston State RI Zip 02892

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
100 NO PAR COMMON

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

ISSUED SHARES
Number of Shares Class/Series Par Value
50 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 2 9 8 0 *

File Date **FILED**

Check No. **FFB 05 2001**

By **002932**

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.

Joseph A. Videtta
Signature of Officer Date

Joseph A. Videtta

Print or Type Name of Officer

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. **92980** 2. Name of Corporation **LAUREL FOOD AND BEVERAGE, INC.**
3. Street Address Principal Business Office **309 Laurel Lane** City **West Kingston** State **RI** Zip **02892**
4. Business Phone No. **783-3844** 5. State of Incorporation **RHODE ISLAND** b. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island **Operator of golf course and all activities consistent therewith and any other lawful purpose.**

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

President Name Joseph A. Videtta	Vice President Name Joseph A. Videtta
Street Address C/o 309 Laurel Lane	Street Address C/o 309 Laurel Lane
City State Zip West Kingston RI 02892	City State Zip West Kingston RI 02892
Secretary Name Joseph A. Videtta	Treasurer Name Joseph A. Videtta
Street Address C/o 309 Laurel Lane	Street Address C/o 309 Laurel Lane
City State Zip West Kingston RI 02892	City State Zip West Kingston RI 02892

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

Director Name	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
100 NO PAR COMMON

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
50 Common No Par Value

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



File Date: 2/28/00
Check No.: 2824
By: cc

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.
Joseph A. Videtta 2/13/00
Signature of Officer Date
Joseph A. Videtta
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. **92980** 2. Name of Corporation **LAUREL FOOD AND BEVERAGE, INC.**
3. Street Address Principal Business Office **309 Laurel Lane** City **West Kingston** State **RI** Zip **02892**
4. Business Phone No. **783-3844** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0000**

7. Brief Description of the Character of Business Conducted in Rhode Island **Own and operate retail food and beverage facility, including alcoholic, for sale to public and any other lawful purpose.**

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

President Name Joseph A. Videtta Street Address C/o 309 Laurel Lane City West Kingston State RI Zip 02892	Vice President Name Joseph A. Videtta Street Address C/o 309 Laurel Lane City West Kingston State RI Zip 02892
Secretary Name Joseph A. Videtta Street Address C/o 309 Laurel Lane City West Kingston State RI Zip 02892	Treasurer Name Joseph A. Videtta Street Address C/o 309 Laurel Lane City West Kingston State RI Zip 02892

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

Director Name 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
Number of Shares		
100 NO PAR COMMON		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
50	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: March 1, 1999

Check No.: 2958

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.

Joseph A. Videtta 2/18/99
Signature of Officer Date

Joseph A. Videtta
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 02903-13
401-277-30

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. **92980** 2. Name of Corporation **LAUREL FOOD AND BEVERAGE, INC.**
3. Street Address Principal Business Office **309 Laurel Lane** City **West Kingston** State **RI** Zip **02892**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island **Own and operate retail food and beverage facility, including alcoholic, for sale to public and any other lawful purpose.**

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

President Name Joseph A. Videtta Street Address c/o 309 Laurel Lane City West Kingston State RI Zip 02892	Vice President Name Joseph A. Videtta Street Address c/o 309 Laurel Lane City West Kingston State RI Zip 02892
Secretary Name Joseph A. Videtta Street Address c/o 309 Laurel Lane City West Kingston State RI Zip 02892	Treasurer Name Joseph A. Videtta Street Address c/o 309 Laurel Lane City West Kingston State RI Zip 02892

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

Director Name	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

100 NO PAR COMMON

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

ISSUED SHARES
Number of Shares Class/Series Par Value

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



* 9 2 9 8 0 *

File Date: 3/17/98

Check No.: 200218

By: KLD

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: Joseph A. Videtta Date: 3/11/98

Joseph A. Videtta
Print or Type Name of Officer

President
Title of Officer