



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)

Form with sections 1-11: Corporate ID No. 93885, Name of Corporation SUI S, INC., Principal Business Office 252 Brook Street, Providence, RI 02906, Business Phone No. 831-9523, State of Incorporation RHODE ISLAND, SIC Code 3715, Description of Business TO OWN AND OPERATE A CONVENIENCE STORE, Names and Addresses of Officers (President, Vice President, Secretary, Treasurer), Names and Addresses of Directors, Shares Authorized (400 NO PAR VALUE), Shares Issued (100 Common, No Par Value).

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



93885

FILED stamp: File Date FEB 11 2005, Check No. FEB 11 2005, By [Signature], FOR SECRETARY OF STATE USE [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: David J. Faria, President; Date: 2/5/05

Print or Type Name of Officer

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. 93885		2. Name of Corporation SUIS, INC.			
3. Street Address Principal Business Office 252 Brook Street			City Providence	State RI	Zip 02906
4. Business Phone No. 401-831-9523		5. State of Incorporation RHODE ISLAND			6. SIC Code 3715
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN AND OPERATE A CONVENIENCE STORE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David J. Faria			Vice President Name Donna M. Faria		
Street Address 252 Brook Street			Street Address 252 Brook Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name David J. Faria			Treasurer Name Donna M. Faria		
Street Address 252 Brook Street			Street Address 252 Brook Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David J. Faria			Director Name Donna M. Faria		
Street Address 252 Brook Street			Street Address 252 Brook Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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
400 NO PAR VALUE	Common		100	Common	none

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



* 9 3 8 8 5 *

File Date 1-12-04
Check No. 2475
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] 1/7/04
Signature of Officer Date
DAVID J. FARIA
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. **93885**
2. Name of Corporation **SUIS, INC.**
3. Street Address Principal Business Office
252 Brook Street
4. Business Phone No. **831-9523**
5. State of Incorporation **RHODE ISLAND**
6. Brief Description of the Character of Business Conducted in Rhode Island
Convenience Store

City **Providence** State **RI** Zip **02906**
6. SIC Code **3715**

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

President Name **David J. Faria**
Street Address **252 Brook Street**
City **Providence** State **RI** Zip **02906**
Secretary Name **David J. Faria**
Street Address **252 Brook Street**
City **Providence** State **RI** Zip **02906**

Vice President Name **Donna M. Faria**
Street Address **252 Brook Street**
City **Providence** State **RI** Zip **02906**
Treasurer Name **Donna M. Faria**
Street Address **252 Brook Street**
City **Providence** State **RI** Zip **02906**

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

Director Name **David J. Faria**
Street Address **252 Brook Street**
City **Providence** State **RI** Zip **02906**
Director Name **None**
Street Address **None**
City **None** State **None** Zip **None**

Director Name **Donna M. Faria**
Street Address **252 Brook Street**
City **Providence** State **RI** Zip **02906**
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
	400	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	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 3 8 8 5 *

File Date: 2-18-03
Check No.: 1720
By: 10P

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 2/7/03

David J. Faria, President

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. **93885**
2. Name of Corporation **SUIS, INC.**
3. Street Address Principal Business Office
252 Brook Street
4. Business Phone No. **831-9523**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Convenience store

City **Providence** State **RI** Zip **02906**
6. SIC Code **3715**

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

President Name **David J. Faria**
Street Address **252 Brook Street**
City **Providence** State **RI** Zip **02906**
Secretary Name **David J. Faria**
Street Address **252 Brook Street**
City **Providence** State **RI** Zip **02906**

Vice President Name **Donna M. Faria**
Street Address **252 Brook Street**
City **Providence** State **RI** Zip **02906**
Treasurer Name **Donna M. Faria**
Street Address **252 Brook Street**
City **Providence** State **RI** Zip **02906**

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

Director Name **David J. Faria**
Street Address **252 Brook Street**
City **Providence** State **RI** Zip **02906**
Director Name **None**
Street Address **None**
City **None** State **None** Zip **None**

Director Name **Donna M. Faria**
Street Address **252 Brook Street**
City **Providence** State **RI** Zip **02906**
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
	400	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100	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: 2/1/02
Check No.: 892
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: 1/25/02
Print or Type Name of Officer: David J. Faria, 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. **93885** 2. Name of Corporation **S U I S, INC.**
3. Street Address Principal Business Office **252 BROOK STREET** City **PROVIDENCE** State **RI** Zip **02906**
4. Business Phone No. **831-9523** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3715**
7. Brief Description of the Character of Business Conducted in Rhode Island **CONVENIENCE STORE**

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

President Name DAVID J. FARIA Street Address 252 BROOK STREET City PROVIDENCE State RI Zip 02906	Vice President Name DONNA M. FARIA Street Address 252 BROOK STREET City PROVIDENCE State RI Zip 02906
Secretary Name DAVID J. FARIA Street Address 252 BROOK STREET City PROVIDENCE State RI Zip 02906	Treasurer Name DONNA M. FARIA Street Address 252 BROOK STREET City PROVIDENCE State RI Zip 02906

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

Director Name DAVID J. FARIA Street Address 252 BROOK STREET City PROVIDENCE State RI Zip 02906	Director Name DONNA M. FARIA Street Address 252 BROOK STREET City PROVIDENCE State RI Zip 02906
Director Name NONE Street Address NONE City _____ State _____ Zip _____	Director Name NONE Street Address NONE City _____ State _____ Zip _____

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
400 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 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 3 8 8 5 *

File Date: 2/20
Check No.: 102
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: 2/15/01

DAVID J. FARIA, 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. **93885** 2. Name of Corporation **S U I S, INC.**
3. Street Address Principal Business Office **252 BROOK STREET** City **PROVIDENCE** State **R. I.** Zip **02906**
4. Business Phone No. **(401) 831-9523** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3715**
7. Brief Description of the Character of Business Conducted in Rhode Island
CONVENIENCE STORE

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

President Name DAVID J. FARIA	Vice President Name DONNA M. FARIA
Street Address 252 BROOK STREET	Street Address 252 BROOK STREET
City State Zip PROVIDENCE R. I. 02906	City State Zip PROVIDENCE R. I. 02906
Secretary Name DAVID J. FARIA	Treasurer Name DONNA M. FARIA
Street Address 252 BROOK STREET	Street Address 252 BROOK STREET
City State Zip PROVIDENCE R. I. 02906	City State Zip PROVIDENCE R. I. 02906

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

Director Name DAVID J. FARIA	Director Name DONNA M. FARIA
Street Address 252 BROOK STREET	Street Address 252 BROOK STREET
City State Zip PROVIDENCE R. I. 02906	City State Zip PROVIDENCE R. I. 02906
Director Name NONE	Director Name NONE
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
400 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	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 3 8 8 5 *

File Date: 2/4/00
Check No.: 2606
By: ve

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.

DAVID J. FARIA 2/2/00
Signature of Officer Date

DAVID J. FARIA
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. **93885** 2. Name of Corporation **SUIS, INC.**
3. Street Address Principal Business Office **252 BROOK STREET** City **PROVIDENCE** State **RI** Zip **02906**
4. Business Phone No. **831-9523** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3715**
7. Brief Description of the Character of Business Conducted in Rhode Island
CONVENIENCE STORE

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

President Name DAVID J. FARIA Street Address 252 BROOK STREET City State Zip PROVIDENCE RI 02906	Vice President Name DONNA M. FARIA Street Address 252 BROOK STREET City State Zip PROVIDENCE RI 02906
Secretary Name DAVID J. FARIA Street Address 252 BROOK STREET City State Zip PROVIDENCE RI 02906	Treasurer Name DONNA M. FARIA Street Address 252 BROOK STREET City State Zip PROVIDENCE RI 02906

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

Director Name DAVID J. FARIA Street Address 252 BROOK STREET City State Zip PROVIDENCE RI 02906	Director Name DONNA M. FARIA Street Address 252 BROOK STREET City State Zip PROVIDENCE RI 02906
Director Name NONE Street Address City State Zip 	Director Name NONE Street Address City State Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
400	NO	PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	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: Jan 19, 99
Check No.: 1671
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] / 1/15/99
Signature of Officer Date
DAVID J. FARIA
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. **93885** 2. Name of Corporation **SUIS, INC.**
3. Street Address Principal Business Office **252 Brook Street** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **831-9523** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3710**
3715 DF

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

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

President Name David J. Faria	Vice President Name Donna M. Faria
Street Address 252 Brook Street	Street Address 252 Brook Street
City State Zip Providence RI 02906	City State Zip Providence RI 02906
Secretary Name David J. Faria	Treasurer Name Donna M. Faria
Street Address 252 Brook Street	Street Address 252 Brook Street
City State Zip Providence RI 02906	City State Zip Providence RI 02906

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

Director Name David J. Faria	Director Name Donna M. Faria
Street Address 252 Brook Street	Street Address 252 Brook Street
City State Zip Providence RI 02906	City State Zip Providence RI 02906
Director Name None	Director Name None
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
400 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 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 3 8 8 5 *

File Date: 1/29/98
Check No.: 748
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: 1/24/98
David J. Faria
Print or Type Name of Officer
President
Title of Officer