



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 3640

# 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. 119485		2. Name of Corporation MASSACHUSETTS RESTAURANT EQUIPMENT SERVICE, INC.			
3. Street Address Principal Business Office 34 South St		City Somerville	State MA	Zip 02143	
4. Business Phone No. 617-866-1930		5. State of Incorporation MASSACHUSETTS		6. SIC Code 811210	
7. Brief Description of the Character of Business Conducted in Rhode Island SALE AND REPAIR OF RESTAURANT AND ALL OTHER KITCHEN EQUIPMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sam May			Vice President Name		
Street Address 305 Ministerial Rd			Street Address		
City Concord	State MA	Zip	City	State	Zip
Secretary Name Evelyn May			Treasurer Name Evelyn May		
Street Address Same			Street Address Same		
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 Sam May			Director Name Evelyn May		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
1,000 COMM NO PAR VALUE				Number of Shares	
				Class/Series	
				Par Value	
				1000	
				0	

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



\*119485\*

File Date	2/15/05
Check No.	43451
By:	DA
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: Evelyn May  
Date: 2/08/05  
Print or Type Name of Officer: Evelyn May  
Title of Officer: Treasurer



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 IN BLACK)

1. Corporate ID No. 119485		2. Name of Corporation MASSACHUSETTS RESTAURANT EQUIPMENT SERVICE, INC.			
3. Street Address Principal Business Office 34 SOUTH STREET PO Box 114		City SOMERVILLE	State MA	Zip 02143-	
4. Business Phone No. 6178681930 X226		5. State of Incorporation MASSACHUSETTS		6. SIC Code 2881	
7. Brief Description of the Character of Business Conducted in Rhode Island SALE AND REPAIR OF RESTAURANT AND ALL OTHER KITCHEN EQUIPMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sam Moy			Vice President Name		
Street Address 305 Ministerial Dr			Street Address		
City Concord	State ma	Zip 02143 01742	City	State	Zip
Secretary Name Sam Moy			Treasurer Name Evadne Moy		
Street Address 305 Ministerial Dr			Street Address 305 Ministerial Dr		
City Concord	State ma	Zip 02143 01742	City Concord	State ma	Zip 02143 01742
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Sam Moy			Director Name Evadne Moy		
Street Address 305 Ministerial Dr			Street Address 305 Ministerial Dr		
City Concord	State ma	Zip 02143 01742	City Concord	State ma	Zip 02143 01742
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 COMM NO PAR VALUE			1000		

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



1 1 9 4 8 5

\*119485 FBC 08/27/04 11:20:49 AM\*

File Date 9/3/04

Check No. 42358

By: DA

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.

✓ Evadne Moy 8/31/04  
Signature of Officer Date  
Evadne Moy  
Print or Type Name of Officer  
Treasurer  
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. **119485** 2. Name of Corporation **MASSACHUSETTS RESTAURANT EQUIPMENT SERVICE, INC.**  
3. Street Address Principal Business Office **36 South Street** City **Somerville** State **MA** Zip **02143**  
4. Business Phone No. 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**repair of restaurant equipment**

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

President Name <b>Sam Moy</b>	Vice President Name
Street Address <b>305 Ministerial Dr</b>	Street Address
City <b>Concord</b> State <b>MA</b> Zip <b>01742</b>	City State Zip
Secretary Name <b>Evadne Moy</b>	Treasurer Name <b>Sam Moy</b>
Street Address <b>305 Ministerial Dr</b>	Street Address <b>305 Ministerial Dr</b>
City <b>Concord</b> State <b>MA</b> Zip <b>01742</b>	City <b>Concord</b> State <b>MA</b> Zip <b>01742</b>

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

Director Name <b>Sam Moy</b>	Director Name <b>Evadne Moy</b>
Street Address <b>same</b>	Street Address <b>same</b>
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  
**1,000 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1000**

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



\* 1 1 9 4 8 5 \*

File Date: **3-17-03**

Check No.: **38141**

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]** **3/17/03**  
Signature of Officer Date

Print or Type Name of Officer

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.

119485

2. Name of Corporation

MASSACHUSETTS RESTAURANT EQUIPMENT SERVICE, INC.

3. Street Address Principal Business Office

PO Box 144

City

Somerville

State

MA

Zip

02143

4. Business Phone No.

617-868-1930

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

81210

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

Restaurant Eq

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Sam May

Vice President Name

Street Address

305 Ministerial Dr

Street Address

City

State

Zip

Concord MA

City

State

Zip

Secretary Name

Quedne May

Treasurer Name

Sam May

Street Address

Same

Street Address

Same

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

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

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

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



\* 1 1 9 4 8 5 \*

File Date: 3/19/02

Check No.: 035703

By: TB

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

X [Signature] 3/1/02

Pres. Sam May

Print or Type Name of Officer