

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

(FORM MUST BE TYPED OR PRINTED IN BIACK)

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401 222 3646

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____

2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

1. Corporate ID No 119485	2 Name of Corporation MASSACHUSETTS RESTAURANT EQUIPMENT SERVICE, INC.						
3 Street Address Principal Business G		TO RECTACIONAL EQUIP	on Somerville	State MG	140 0 2 (L4'3		
4 Business Phone No	+W >T	5 State of Incorporation	Suisoutte	11/62			
617-860	6-1930	MASSACHUSETTS	;		6 SIC Code 811 210		
7 Brief Description of the Character of SALE AND REPAIR OF	(Business Conducted in Id RESTAURANT AND A	bede Island	-	-			
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT)	CES BEFORE USING AT	TACHMENTS		
Provident Vana			Vice President Name				
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Som Street Address 30.5 Minis	terical 17	d	Street Address				
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Cit;	State	Zsp	City	State	Zψ		
9. NAMES AND ADDRESSES	l OF THE DIRECTORS	 6:	: A <i>CHMENT</i>)	 ACES BEFORE USING .	 ATTACHMENTS		
Director Name		,	Director Vanno				
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Street Address	ew e		Sirva Address Some				
Ciți	State	Zip	City .	State	Zip		
Director Name	J	J	Director Name	.	1		
Street Address			Street Address				
City	State	Zip	City	State	Z:p		
10. SHARES AUTHORIZED ('"X" BOX FOR ATTA	· –	11. SHARES ISSUED ("X") ISSUED SHARES	 BOX FOR ATTACHME	 NT)		
Number of Sources	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
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This report must be s	igned in ink by eithe	r the Procedent Vice Pr	esident, Secretary, Assistant Se	Cratery Transpirar Bas	Anna or Trustan		
The tepart man be s	gired in this by citale	r the President, vice Pr	esident, Secretary, Assistant Se	cretary, freasurer, Rec	erver of Trustee		
	(1 56)	181 84E1 1881					
					have examined this report,		
· · · · · · · · · · · · · · · · · · ·	*119485*		including any accompany contained berein are true a		nts, and that all statements		
File Date _ 2 \ [=	5/05		contained herein are true a	Idl	Sicolor		
1 - 1	1		Signature of Officer	44 4	Date .		
Check No	<u> 151 </u>		Sunde	May			
$\int \mathcal{L}$	-		Print or Type Name of Officer				
FOR SECRETARY OF STA	TE USE ONLY		Traces	0.00			
			Title of Officer				



Matthew A. Brawn, 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. 2. Name of Corporation 119485 MASSACHUSETTS RESTAURANT EQUIPMENT SERVICE, INC. 3. Street Address Principal Business Office State City Zip 3 SOUTH STREET BK 11 SOMERVILLE MA 02143-4. Business Phone No 5. State of Incorporation 6. SIC Code 6178681930 **MASSACHUSETTS** 2881 7. Brief Description of the Character of Business Conducted in Rhode Island SALE AND REPAIR OF RESTAURANT AND ALL OTHER KITCHEN EQUIPMENT SAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Sam Moy Street Address Street Address 305 Minsterial Dr City State City State Concord ma Secretary Name Treasurer Name Sam Moy Evadne Moy Street Address * Street Address 305 Minsterial Dr .305 Ministerial Dr City Sate *City State 43 0/742 Concord ma Concord ma 9/NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR TACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Evadne Moy Sam Moy Street Address Street Address 305 Ministerial Dr 305 Ministerial Dr City Sate ·Cirv State $Z_{\mathcal{Q}}$ Concord Concord 0214 ma ma Director Name Director Name Street Address Street Address Vate City State 7.0 Z_{ip} 10. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) II SHARES ISSUED ("X" BOX FOR ATTACHMENT) 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 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. "119485 FBC 08/27/04 11:20:49 AM" File Date Check No. ByFOR SECRETARY OF STATE USE ONLY Form 630 12/01



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

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	iddress Principal Busines		ASSACITUS	15 15 KES	TAURANT EC	City	ERVICE, INC.	State	Zip	
	South Stree					Sc	merville	MA	•	02143
	s Phone No.			5. State	of Incorporation			•	6. \$IC	
					ASSACHUSE	ITS				
7. Brief Di	escription of the Charact				nt equip	nent				
B. NAN President	IES AND ADDRE Name Sam Moy	SSES OF T	THE OFFIC	CERS (*x*)	BOX FOR ATTAC	CHMENT) F Vice Presid		FORE USING ATTAC	HMENTS	
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Street Add	305 Minist	erial I	Dr			Street Addi	(45)			
Lity	Concord	State	MA	Zip	01742	City		State	Zip	
Secretary	Name Evadne Moy	7				Treasurer 8	Same Sam Moy			
Street Add	703 305 Minist	erial 1	Dr			Street Addi	ess 305 Minis	treial Dr		
⊈ity	Concord	State	MA	Zip	01742	City	Concord	StateMA	Zip	01742
9. NAM	IES AND ADDRE	SSES OF T	THE DIRE	CTORS (*)	* BOX FOR AT	TACHMENT)	FILL IN SPACES	BEFORE USING ATTA	ACHMENTS	
Director N						Director No	^{ume} Evadne Moy			
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(Lity		State		Zip		City		State	Zip	
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Number of Shares

1000



Class/Series

Par Value

Number of Shares

1,000 COMM NO PAR VALUE

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 Office Print or Type Name of Officer

Class/Series

Par Value

Tale of Officer



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: Janua	ary 1-March 1	 Filing Fee: \$50.0 	00		INSTRU
(FORM MUST BE TYPED IN	BLACK)				
1. Corporate ID No.	2 Name of Cor	poration			_
119485	MASSAC	HUSETTS RESTAURAN	T EQUIPMENT SERVICE, INC.		
3 Street Address Principal Busin			Car	State	Zip
POBOX 14-	₹		Somechi	((e MA	02(4
4 Business Phone No		5 State of Incorpor	ation		6. SRC Code
617-868	3-1930	MASSACHU	JSETT\$		811510
7. Buef Description of the Chare	tautant Conduct	ed in Rhode Island			
8. NAMES AND ADDR			TTACHMENT) FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS
President Name	Moy		Vice President Name		
Street Address			Street Address		
305	ministe	in Dr	Street Anaress		
		Zip	City	State	Zip
Conos	a Mi	\mathcal{F}	****		r. 1p
Secretary Name		,	Treasurer Name		•
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,	3ame			Same	
City	State	Zip	City	State	Zip
9. NAMES AND ADDR Director Name	ESSES OF THE D	IRECTORS (*x* box foi	Director Name	CES BEFORE USING AT	FACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
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Director Name		•	Director Name	,	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ZED (*x* box for a	TTACHMENT)	11. SHARES ISSUED) ("X" BOX FOR ATTACHMEN	(T) ·
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



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

Print or Type Name of Officer