



**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. 8194		2. Name of Corporation SANDOR INC.	
3. Street Address Principal Business Office 16 BRADFORD AVENUE		City NEWPORT	State RI
4. Business Phone No. 4018478503		5. State of Incorporation RHODE ISLAND	6. SIC Code 9670
7. Brief Description of the Character of Business Conducted in Rhode Island BOWLING ALLEY, SNACK BAR AND LOUNGE			

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

President Name David Wood Foss		Vice President Name David Wood Foss	
Street Address 16 Bradford Avenue		Street Address 16 Bradford Avenue	
City Newport	State RI	Zip 02840	City Newport
Secretary Name David Wood Foss/Asst Sec: Robert M. Silva		Treasurer Name David Wood Foss	
Street Address 16 Bradford Ave/1100 Aquidneck Ave		Street Address 16 Bradford Avenue	
City Newport/Middletown	State RI	Zip 02840/02842	City Newport

**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
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City

<b>10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			<b>11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	COMM NO PAR VALUE		600	Common/None	No Par

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



\*8194 DBC 02/24/05 04:37:07 PM\*

File Date **FILED**

Check No. ~~800-8~~ 2005 1128

By: MB

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.

Robert M. Silva 2/25/05

Signature of Officer Date

Robert M. Silva

Print or Type Name of Officer

Assistant Secretary

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 IN BLACK)

1. Corporate ID No. 8194  
2. Name of Corporation SANDOR INC.  
3. Street Address Principal Business Office 16 BRADFORD AVENUE  
City NEWPORT State RI Zip 02840-  
4. Business Phone No. 4018478503  
5. State of Incorporation RHODE ISLAND  
6. SIC Code 9670  
7. Brief Description of the Character of Business Conducted in Rhode Island  
BOWLING ALLEY, SNACK BAR AND LOUNGE

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

President Name			Vice President Name		
David Wood Foss			David Wood Foss		
Street Address			Street Address		
16 Bradford Avenue			16 Bradford Avenue		
City	State	Zip	City	State	Zip
Newport	RI	02840	Newport	RI	02840
Secretary Name			Treasurer Name		
David Wood Foss/Robert M. Silva, Asst Sec			David Wood Foss		
Street Address			Street Address		
16 Bradford Avenue/1100 Aquidneck Avenue			16 Bradford Avenue		
City	State	Zip	City	State	Zip
Newport/Middletown	RI	02840/02842	Newport	RI	02840

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

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 (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
600 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
600	Common/None	No Par

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



\*8194 DBC 02/12/2004:2004M\*

**FILED**

File Date FEB 23 2004

Check No.

By 1090 GAN

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.

Robert M. Silva 2/13/04  
Signature of Officer Date  
Robert M. Silva  
Print or Type Name of Officer  
Assistant Secretary  
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 IN BLACK)

1. Corporate ID No. \*8194\*      2. Name of Corporation SANDOR INC.

3. Street Address Principal Business Office  
16 BRADFORD AVENUE      City NEWPORT      State RI      Zip 02840-

4. Business Phone No. 4018478503      5. State of Incorporation RHODE ISLAND      6. SIC Code 9670

7. Brief Description of the Character of Business Conducted in Rhode Island  
BOWLING ALLEY, SNACK BAR AND LOUNGE, all business incidental thereto and any other lawful purpose.

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

President Name David Wood Foss			Vice President Name David Wood Foss		
Street Address 16 Bradford Avenue			Street Address 16 Bradford Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name David Wood Foss/Robert M. Silva, Asst. Sec			Treasurer Name David Wood Foss		
Street Address 16 Bradford Ave/1100 Aquidneck Avenue			Street Address 16 Bradford Avenue		
City Newport/Middletown	State RI	Zip 02840/02842	City Newport	State RI	Zip 02840

**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
600	COMM NO PAR VALUE	

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

Number of Shares	Class/Series	Par Value
600	Common/None	No Par

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



\*\*8194\* 3/10/03 2:05:33 PM\*

File Date 3-17-03

Check No. 1045

By: RS

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]      Date 3/14/03

Signature of Officer  
Robert M. Silva  
Print or Type Name of Officer  
Assistant Secretary  
Title of Officer

**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. **8194** 2. Name of Corporation **SANDOR INC.**

3. Street Address Principal Business Office **16 Bradford Avenue** City **Newport** State **RI** Zip **02840**

4. Business Phone No. **847-8503** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9670**

7. Brief Description of the Character of Business Conducted in Rhode Island **the operation of a bowling alley, a snack bar, a lounge, all business incidental thereto and any other lawful purpose.**

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

President Name <b>David Wood Foss</b>	Vice President Name <b>David Wood Foss</b>
Street Address <b>16 Bradford Avenue</b>	Street Address <b>16 Bradford Avenue</b>
City <b>Newport</b> State <b>RI</b> Zip <b>02840</b>	City <b>Newport</b> State <b>RI</b> Zip <b>02840</b>

Secretary Name <b>David Wood Foss</b>	Treasurer Name <b>David Wood Foss</b>
Asst. Sec: <b>Robert M. Silva</b>	Street Address <b>16 Bradford Avenue</b>
Street Address <b>1100 Aquineck Avenue</b>	City <b>Newport</b> State <b>RI</b> Zip <b>02840</b>
City <b>Newport</b> State <b>Ri</b> Zip <b>02842</b>	City <b>Newport</b> State <b>RI</b> Zip <b>02840</b>

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

Director Name <b>NONE</b>	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>600 COMM NO PAR VALUE</b>		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>600</b>	<b>Common/None</b>	<b>No Par</b>

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



\* 8 1 9 4 \*

File Date: 4/3/02  
Check No.: 1503  
By: CM

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: 4/2/02  
**Robert M. Silva**  
Print or Type Name of Officer  
**Assistant Secretary**  
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. **8194** 2. Name of Corporation **SANDOR INC.**

3. Street Address Principal Business Office  
**16 Bradford Avenue** City **Newport** State **RI** Zip **02840**  
4. Business Phone No. **847-8503** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9670**

7. Brief Description of the Character of Business Conducted in Rhode Island **establish, maintain, and operate any lawful business, including but not limited to a bowling alley, snack bar, and lounge**

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

President Name <b>David Wood Foss</b>	Vice President Name <b>David Wood Foss</b>
Street Address <b>16 Bradford Avenue</b>	Street Address <b>16 Bradford Avenue</b>
City <b>Newport</b> State <b>RI</b> Zip <b>02840</b>	City <b>Newport</b> State <b>RI</b> Zip <b>02840</b>
Secretary Name <b>Asst. Sec: Robert M. Silva</b>	Treasurer Name <b>David Wood Foss</b>
Street Address <b>1100 Aquidneck Avenue</b>	Street Address <b>16 Bradford Avenue</b>
City <b>Middletown</b> State <b>RI</b> Zip <b>02842</b>	City <b>Newport</b> State <b>RI</b> Zip <b>02840</b>

**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	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>600 NO PAR COM.</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>600</b>	<b>common/none</b>	<b>no Par</b>

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



\* 8 1 9 4 \*

File Date 3/6  
Check No. 1292  
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] Date 2/28/01  
Signature of Officer  
Robert M. Silva  
Print or Type Name of Officer  
Assistant Secretary  
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. **8194** 2. Name of Corporation **SANDOR INC.**  
3. Street Address Principal Business Office  
**16 Bradford Avenue** City **Newport** State **Rhode Island** Zip **02840**  
4. Business Phone No. **847-8503** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9670**  
7. Brief Description of the Character of Business Conducted in Rhode Island **the operation of a bowling center, snack bar, lounge, and all business incidental thereto and any other lawful purpose.**

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

President Name <b>David Wood Foss</b> Street Address <b>16 Bradford Avenue</b> City <b>Newport</b> State <b>Rhode Island</b> Zip <b>02840</b> Secretary Name <b>David Wood Foss</b> Asst. Sec: <b>Robert M. Silva</b> Street Address <b>16 Bradford Avenue</b> <b>1100 Aquidneck Avenue</b> City <b>Newport</b> State <b>Rhode Island</b> Zip <b>02842</b> Middletown <td>Vice President Name <b>David Wood Foss</b> Street Address <b>16 Bradford Avenue</b> City <b>Newport</b> State <b>Rhode Island</b> Zip <b>02840</b> Treasurer Name <b>David Wood Foss</b> Street Address <b>16 Bradford Avenue</b> City <b>Newport</b> State <b>Rhode Island</b> Zip <b>02840</b></td>	Vice President Name <b>David Wood Foss</b> Street Address <b>16 Bradford Avenue</b> City <b>Newport</b> State <b>Rhode Island</b> Zip <b>02840</b> Treasurer Name <b>David Wood Foss</b> Street Address <b>16 Bradford Avenue</b> City <b>Newport</b> State <b>Rhode Island</b> Zip <b>02840</b>
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**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>NONE</b> Street Address  City State Zip	Director Name  Street Address  City State Zip
--	---

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>600</b>	<b>NO PAR COM.</b>	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>600</b>	<b>Common/None</b>	<b>No Par</b>

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



\* 8 1 9 4 \*

4/28/00

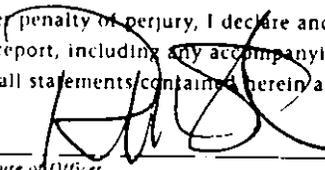
File Date: \_\_\_\_\_

Check No.: 1029

By: \_\_\_\_\_

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 \_\_\_\_\_ Date **3/15/00**

**Robert M. Silva**  
Print or Type Name of Officer

**Assistant Secretary**  
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. **8194** 2. Name of Corporation **SANDOR INC.**

3. Street Address Principal Business Office **16 Bradford Avenue** City **Newport** State **Rhode Island** Zip **02840**

4. Business Phone No. **847-8503** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9670**

7. Brief Description of the Character of Business Conducted in Rhode Island  
operation of a bowling alley, snack bar, lounge & any other lawful business

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

President Name <b>David Wood Foss</b>	Vice President Name <b>David Wood Foss</b>
Street Address <b>16 Bradford Avenue</b>	Street Address <b>16 Bradford Avenue</b>
City <b>Newport</b> State <b>Rhode Island</b> Zip <b>02840</b>	City <b>Newport</b> State <b>Rhode Island</b> Zip <b>02840</b>
Secretary Name <b>David Wood Foss</b>	Treasurer Name <b>David Wood Foss</b>
Asst. Sec: <b>Robert M. Silva</b>	Street Address <b>16 Bradford Avenue</b>
Street Address <b>16 Bradford Avenue</b>	City <b>Newport</b> State <b>Rhode Island</b> Zip <b>02840</b>
City <b>Newport</b> State <b>Rhode Island</b> Zip <b>02840</b>	City <b>Newport</b> State <b>Rhode Island</b> Zip <b>02840</b>
Street Address <b>1100 Aquidneck Avenue</b>	
City <b>Newport</b> State <b>Rhode Island</b> Zip <b>02840</b>	
City <b>Middletown</b> State <b>Rhode Island</b> Zip <b>02842</b>	

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

Director Name <b>NONE</b>	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>600 NO PAR COM.</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>600</b>	<b>Common</b>	<b>No Par</b>

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



File Date: 03-22-99  
Check No.: 9874  
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.  
3/1/99  
Signature of Officer: [Signature] Date  
**Robert M. Silva**  
Print or Type Name of Officer  
**Assistant Secretary**  
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. 8194 2. Name of Corporation SANDOR INC.  
3. Street Address Principal Business Office 16 Bradford Avenue City Newport State RI Zip 02840  
4. Business Phone No. 847-8503 5. State of Incorporation Rhode Island 6. SIC Code 9670  
7. Brief Description of the Character of Business Conducted in Rhode Island the operation of a bowling alley, snack bar, lounge, all business incidental thereto and any other lawful purpose

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

President Name David Wood Foss Street Address 16 Bradford Avenue City Newport State RI Zip 02840	Vice President Name David Wood Foss Street Address 16 Bradford Avenue City Newport State RI Zip 02840
Secretary Name David Wood Foss Asst. Sec: Robert M. Silva Street Address 16 Bradford Avenue Asst. Sec: 1100 Aquidneck Avenue City Newport State RI Zip 02840 Middletown RI 02842	Treasurer Name David Wood Foss Street Address 16 Bradford Avenue City Newport State RI Zip 02840

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

Director Name NONE 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	Number of Shares	Class/Series	Par Value
	600	Common/None	No Par

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	600	Common/None	No Par

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

File Date: 5/13/98  
Check No.: 203021  
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: 5/2/98  
David Wood Foss  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **8194** 2. Name of Corporation **SANDOR INC.**  
3. Street Address Principal Business Office **173 East Main Road** City **Middletown** State **Rhode Island** Zip **02842**  
4. Business Phone No. **846-2729** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9670**  
7. Brief Description of the Character of Business Conducted in Rhode Island **the operation of a bowling alley, snack bar, lounge, all business incidental thereto and any other lawful purpose**

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

President Name <b>David Wood Foss</b> Street Address <b>16 Bradford Avenue</b> City <b>Newport</b> State <b>RI</b> Zip <b>02840</b>	Vice President Name <b>David Wood Foss</b> Street Address <b>16 Bradford Avenue</b> City <b>Newport</b> State <b>RI</b> Zip <b>02840</b>
Secretary Name <b>David Wood Foss</b> Asst. Sec: <b>Robert M. Silva</b> Street Address <b>16 Bradford Avenue</b> Asst. Sec: <b>1100 Aquidneck Avenue</b> City <b>Newport</b> State <b>RI</b> Zip <b>02840</b>	Treasurer Name <b>David Wood Foss</b> Street Address <b>16 Bradford Avenue</b> City <b>Newport</b> State <b>RI</b> Zip <b>02840</b>

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

Director Name <b>NONE</b> 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 AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>600 NO PAR COM.</b>			<b>600</b>	<b>Common</b>	<b>No Par</b>

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



File Date: 3.20.97  
Check No.: 5000  
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: March 1, 1997  
**Robert M. Silva,**  
Print or Type Name of Officer  
**Assistant Secretary**  
Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 8194 2. NAME OF CORPORATION SANDOR INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 173 E. MAIN RD. CITY Middletown STATE RI ZIP CODE 02842

4. BUSINESS PHONE NO. 401-846-2779 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 9670

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

Bowling Ctr. Restaurant, Retail Sales

### 8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME D. Wood Foss	VICE PRESIDENT NAME Same
STREET ADDRESS 16 BRADFORD AV	STREET ADDRESS
CITY Newport	CITY
STATE RI	STATE
ZIP CODE 02840	ZIP CODE
SECRETARY NAME Same	TREASURER NAME Same
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP CODE	ZIP CODE

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME D. Wood Foss	DIRECTOR NAME Same
STREET ADDRESS 16 BRADFORD AV	STREET ADDRESS
CITY Newport	CITY
STATE RI	STATE
ZIP CODE 02840	ZIP CODE
DIRECTOR NAME Same	DIRECTOR NAME Same
STREET ADDRESS	STREET ADDRESS
CITY	CITY
STATE	STATE
ZIP CODE	ZIP CODE

### 10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
600	NO PAR COM.		100	NO PAR COM.	

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**FILED**  
NOV 27 1996

File Date:  
By: DW#55  
Check No: 176366

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.

D. Wood Foss  
Signature of Officer  
D. Wood Foss  
Print or Type Name of Officer  
Corp. Pres  
Title of Officer  
11/27/96  
Date

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 8194 Annual Report for the year: 1995

Name of Corporation: SANDOR, INC.  
 Business entity organized under the laws of the State of: Rhode Island  
 For foreign entity, address and telephone number of principal office:

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
173 East Main Road  
Middletown, Rhode Island 02842  
 Phone: (401) 846-2729

Brief statement of the character of business conducted in Rhode Island:  
the operation of a bowling alley, a snack bar  
a lounge, all business incidental thereto  
and any other lawful purpose.

**THE NAMES OF THE OFFICERS ARE:**

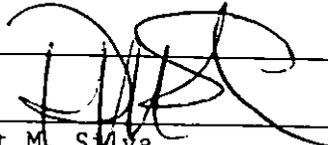
OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT David Wood Foss	16 Bradford Avenue,	Newport, RI	02840
VICE PRESIDENT David Wood Foss	16 Bradford Avenue,	Newport, RI	02840
SECRETARY David Wood Foss	16 Bradford Avenue,	Newport, RI	02840
ASST. SECRETARY Robert M. Silva, Asst. Secretary	1100 Aquidneck Avenue	Middletown, RI	02842
TREASURER David Wood Foss	16 Bradford Avenue,	Newport, RI	02840

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
600	Common/None	600	Common/None

Date February 27, 19 95

By:   
Robert M. Silva  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
 TITLE OF OFFICER SIGNING Assistant Secretary

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

ROBERT M. SILVA, ESQ.  
 1100 AQUIDNECK AVENUE  
 MIDDLETOWN RI 02842

PAID

MAR 03 1995

SECRETARY OF STATE

CR. 2460

CS

Filing Fee \$50.00  
Payable to  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401 277 3040

File Annually  
LLC: Sept 1 - Nov 1  
CORP: Jan 1 - March 1

Corporate ID: 0009194 Annual Report for the year 1994

Name of Business Entity: SANDOR INC.

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number: \_\_\_\_\_

For foreign entity, address and telephone number of principal office  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

SANDOR, INC., c/o Aquidneck Lanes

173 East Main Road

Middletown, RI 02842

Phone: ( 401 ) 846-2729

Business Entity is (check one):

- Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)  
 Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Robert M. Silva, Esq., Assistant Secretary

SILVA & ASSOCIATES, LTD.

1100 Aquidneck Avenue

Middletown, Rhode Island 02842

Brief statement of the character of business conducted in Rhode Island:

operation of a bowling alley, snack bar, lounge and any other lawful purpose.

Date of Organization July 10, 1979

Date of Qualification to do business in Rhode Island (if foreign entity)  
\_\_\_\_\_

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR  PRESIDENT OR CEO  
NAME: David Wood Foss STREET ADDRESS: 31 Thames Street, CITY/STATE: Newport, RI ZIP CODE: 02840

CHIEF OPERATING OFFICER OR  VICE PRESIDENT OR COO  
NAME: David Wood Foss STREET ADDRESS: same as above CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CUSTODIAN OF RECORDS OR  SECRETARY (SEE RIGL 7-1.1)  
NAME: Robert M. Silva, Assist. Secretary STREET ADDRESS: 1100 Aquidneck Avenue, Middletown, RI CITY/STATE: \_\_\_\_\_ ZIP CODE: 02842

CHIEF FINANCIAL OFFICER OR  TREASURER (SEE RIGL 7-1.1)  
NAME: David Wood Foss STREET ADDRESS: same as above CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

THE NAMES OF THE DIRECTORS ARE:

NAME: NONE STREET ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME: \_\_\_\_\_ STREET ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 600

CLASS Common

SERIES None

PAR VALUE OR No Par  
WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 600

CLASS Common

SERIES None

PAR VALUE OR No Par  
WITHOUT PAR

**FILED**  
**MAR 15 1994**  
By 231637B

Date February 28 19 94

By: [Signature]

Robert M. Silva

PRINT OR TYPE NAME OF OFFICER SIGNING

Assistant Secretary

TITLE OF OFFICER SIGNING

Form 91 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

DAVID WOOD FOSS  
173 EAST MAIN RD.  
MIDDLETOWN RI 02842

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

21661

Corporate ID..... 0003153 ..... *AC* Annual Report for the year ..... 1993

FIRST: The name of the corporation is ..... SANDOR, INC. ....

SECOND: It is incorporated under the laws of ..... RHODE ISLAND .....

THIRD: Character of business, briefly stated, is the operation of a bowling alley, a snack bar,  
a lounge, all business incidental thereto and any other lawful purpose.

FOURTH: If foreign corporation, address of its principal office ..... N/A .....

FIFTH: Business address in Rhode Island ..... 173 East Main Road, Middletown, RI 02840 .....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
David Wood Foss	President	31 Thames Street, Newport, RI 02840
David Wood Foss	Vice President	31 Thames Street, Newport, RI 02840
David Wood Foss	Secretary	31 Thames Street, Newport, RI 02840
Robert M. Silva	Assistant Secretary	1100 Aquidneck Ave., Middletown, RI 02840
David Wood Foss	Treasurer	31 Thames Street, Newport, RI 02840

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	None	No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	None	No Par

Dated ..... 7/8/93 ..... 19

SANDOR, INC.  
(Name of Corporation)

By *[Signature]*  
David Wood Foss

Title *[Signature]*

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

19388

Corporate ID 0008194 *HC* Annual Report for the year 1992

FIRST: The name of the corporation is SANDOR INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the operation of a bowling alley, a snack bar, a lounge, all business incidental thereto and any other lawful purpose.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 173 East Main Road, Middletown, Rhode Island 02840

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
------	--------	--

.....	Director	.....
.....	Director	.....
.....	Director	.....
David Wood Foss	President	53 Dearborn Street, Newport, RI 02840
David Wood Foss	Vice President	53 Dearborn Street, Newport, RI 02840
David Wood Foss	Secretary	53 Dearborn Street, Newport, RI 02840
Robert M. Silva	Assistant Secretary	1100 Aquidneck Avenue, Middletown, RI 02840
David Wood Foss	Treasurer	53 Dearborn Street, Newport, RI 02840

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	None	No Par

PAID

MAR 13 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	None	No Par

SECY OF STATE

Dated February 28, 19 92

SANDOR INC.  
(Name of Corporation)

By *[Signature]*

Robert M. Silva

Title Assistant Secretary

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0008194 Annual Report for the year 1991

FIRST: The name of the corporation is SANDOR INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is the operation of a bowling alley, a snack bar, a lounge, all business incidental thereto and any other lawful purpose.

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FIFTH: Business address in Rhode Island 173 East Main Road, Middletown, Rhode Island 02840

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
David Wood Foss	President	16 Bradford Avenue, Newport, RI 02840
David Wood Foss	Vice President	16 Bradford Avenue, Newport, RI 02840
David Wood Foss	Secretary	16 Bradford Avenue, Newport, RI 02840
Robert M. Silva	Asst. Secretary	1100 Aquidneck Ave., Middletown, RI 02840
David Wood Foss	Treasurer	16 Bradford Avenue, Newport, RI 02840

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	None	No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	None	No Par

PAID  
MAR 11 1991  
SECY OF STATE

Dated February 22 19 91

SANDOR INC  
(Name of Corporation)  
By [Signature]  
Robert M. Silva  
Title Assistant Secretary

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

*AF*

Corporate ID 0008194

Annual Report for the year 1990

FIRST: The name of the corporation is SANDOR INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the operation of a bowling alley, a snack bar, a lounge, all business incidental thereto and any other lawful purpose.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 173 East Main Road, Middletown, RI 02840

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
David Wood Foss	President	16 Bradford Avenue, Newport, RI 02840
David Wood Foss	Vice President	16 Bradford Avenue, Newport, RI 02840
David Wood Foss	Secretary	16 Bradford Avenue, Newport, RI 02840
Robert M. Silva	Asst. Secretary	1100 Aquidneck Ave., Middletown, RI 02840
David Wood Foss	Treasurer	16 Bradford Avenue, Newport, RI 02840

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	None	No Par

*PAID*  
*MAR 05 1990*  
*GEORGE STATE*

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	None	No Par

Dated 1-17 19 90

SANDOR INC.  
(Name of Corporation)

By *David Wood Foss*  
David Wood Foss  
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0008194

Annual Report for the year 1989

FIRST: The name of the corporation is SANDOR INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the operation of a bowling alley, a snack bar, a lounge, all business incidental thereto and any other lawful purpose.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 173 East Main Road, Middletown, Rhode Island 02840

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

David Wood Foss President 16 Bradford Avenue, Newport, Rhode Island 02840

David Wood Foss Vice President 16 Bradford Avenue, Newport, Rhode Island 02840

David Wood Foss Secretary 16 Bradford Avenue, Newport, Rhode Island 02840

Robert M. Silva Asst. Secretary 1100 Aquidneck Avenue, Middletown, RI 02840

David Wood Foss Treasurer 16 Bradford Avenue, Newport, Rhode Island 02840

SEVENTH: Number of Shares authorized:

No of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	None	No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	None	No Par

PAID

FEB 24 1989

Series

None

SECY OF STATE

Dated February 24 19 89

SANDOR INC.

(Name of Corporation)

By Robert M. Silva

Title Assistant Secretary

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 8194 Annual Report for the year 1988

FIRST: The name of the corporation is SANDOR, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the operation of a bowling alley, a snack bar, a lounge, all business incidental thereto and any other lawful purpose.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 173 East Main Road, Middletown, Rhode Island 02840

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
David Wood Foss	President	16 Bradford Avenue, Newport, Rhode Island
Doris Marie Foss	Vice President	33 Canonchet Drive, Portsmouth, Rhode Island
Doris Marie Foss	Secretary	33 Canonchet Drive, Portsmouth, Rhode Island
Robert M. Silva	Asst. Secretary	1100 Aquidneck Avenue, Middletown, Rhode Island
David Wood Foss	Treasurer	16 Bradford Avenue, Newport, Rhode Island

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	None	No par

**PAID**

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common	None	No par
300	Common	None	No par

MAR 23 1988  
SECY OF STATE

Dated February 24 19 88

SANDOR, INC.

(Name of Corporation)

By D. W. Foss

D. W. Foss

Title Pres.

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 8194 Annual Report for the year 1987

FIRST: The name of the corporation is SANDOR, INC.

SECOND: It is incorporated under the laws of the state of Rhode Island

THIRD: Character of business, briefly stated, is the operation of a bowling alley, a snack bar, a lounge, all business incidental thereto and any other lawful purpose.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 173 East Main Road, Middletown, Rhode Island 02840

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
David Wood Foss	President	24 Everett Street, Newport, Rhode Island
Doris Marie Foss	Vice President	33 Canonchet Drive, Portsmouth, Rhode Island
Doris Marie Foss	Secretary	33 Canonchet Drive, Portsmouth, Rhode Island
Robert M. Silva	Asst. Secretary	1100 Aquidneck Avenue, Middletown, Rhode Island
David Wood Foss	Treasurer	24 Everett Street, Newport, Rhode Island

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	None	No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common	None	No Par
300	Common	None	No Par

Dated February 26, 19 87

SANDOR, INC  
(Name of Corporation)

By Robert M. Silva

Title Assistant Secretary

(Report must be signed by an officer)

PAID  
MAR 12 1987  
SEC'Y OF STATE  
JUN 05 1987

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 8194 Annual Report for the year 1986

FIRST: The name of the corporation is SANDOR INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is the operation of bowling alley, a snack bar, a lounge, all business incidental thereto, and any other lawful purpose.

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Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
David Wood Foss	President	24 Everett Street, Newport, Rhode Island
Doris Marie Foss	Vice President	33 Canonchet Drive, Portsmouth, Rhode Island
Doris Marie Foss	Secretary	33 Canonchet Drive, Portsmouth, Rhode Island
Robert M. Silva	Asst. Secretary	1100 Aquidneck Avenue, Middletown, R. I.
David Wood Foss	Treasurer	24 Everett Street, Newport, Rhode Island

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	None	No par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common	None	No par
300	Common	None	No par

Dated February 24 19 86

02/25/86 PAID

MAR 15 1986

SANDOR, INC.  
(Name of Corporation)

By Robert M. Silva  
Title Assistant secretary

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 8194 Annual Report for the year 1985

FIRST: The name of the corporation is SANDOR INC.

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THIRD: Character of business, briefly stated, is the operation of bowling alley, a snack bar, a lounge, all business incidental thereto, and any other lawful purpose.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 173 East Main Road, Middletown, Rhode Island 02840

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director	.....
.....	Director	.....
.....	Director	.....
David Wood Foss	President	33 Canonchet Drive, Portsmouth, Rhode Island
Doris Marie Foss	Vice President	33 Canonchet Drive, Portsmouth, Rhode Island
Doris Marie Foss	Secretary	33 Canonchet Drive, Portsmouth, Rhode Island
Robert M. Silva	Asst. Secretary	1100 Aquidneck Avenue, Middletown, Rhode Island
David Wood Foss	Treasurer	33 Canonchet Drive, Portsmouth, Rhode Island

SEVENTH: Number of Shares authorized:

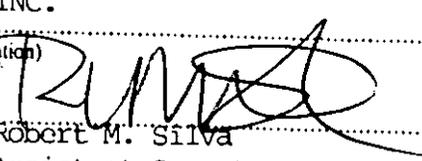
No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	None	No par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common	None	No par
300	Common	None	No par

Dated February 26, 19 85 SANDOR, INC.  
(Name of Corporation)

*LR*

By   
Robert M. Silva  
Assistant Secretary

(Report must be signed by an officer)

03/21/85  
PAID  
15.00  
AMRE  
CHEK  
0219A001

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1984

FIRST: The name of the corporation is SANDOR, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is the operation of a bowling alley, a snack bar, a lounge, all business incidental thereto, and any other lawful purpose.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island

173 East Main Road, Middletown, Rhode Island 02840

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
David Wood Foss	President	33 Canonchet Drive, Portsmouth, R. I.
Doris Marie Foss	Vice President	33 Canonchet Drive, Portsmouth, R. I.
Doris Marie Foss	Secretary	33 Canonchet Drive, Portsmouth, R. I.
Robert M. Silva	Asst. Secretary	1100 Aquidneck Ave., Middletown, R. I.
David Wood Foss	Treasurer	33 Canonchet Drive, Portsmouth, R. I.

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	None	No par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common	None	No par
300	Common	3	No par

Dated: February 21 19 84

SANDOR, INC.

(Name of Corporation)

By Robert M. Silva

Title Assistant Secretary

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is SANDOR, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is the operation of a bowling alley, a snack bar, a lounge, all business incidental thereto, and for any other lawful purposes.

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SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
David Wood Foss	President	33 Canonchet Drive, Portsmouth, R. I.
Doris Marie Foss	Vice President	33 Canonchet Drive, Portsmouth, R. I.
Doris Marie Foss	Secretary	33 Canonchet Drive, Portsmouth, R. I.
Robert M. Silva	Asst. Secretary	1100 Aquidneck Avenue, Middletown, R.I.
David Wood Foss	Treasurer	33 Canonchet Drive, Portsmouth, R. I.

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common	3	No par
300	Common	2	No par

Dated: February 23 1983

SANDOR, INC.

(Name of Corporation)

By: *[Signature]*  
David Wood Foss  
Title: President

(Report must be signed by an officer)

MAR 21 1983

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1982

FIRST: The name of the corporation is SANDOR, INC.

SECOND: It is incorporated under the laws of the state of Rhode Island.

THIRD: Character of business, briefly stated, is the operation of a bowling alley, a snack bar, a lounge, all business incidental thereto, and for any other lawful purposes.

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SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
David Wood Foss	President	33 Canonchet Drive, Portsmouth, R. I.
Doris Marie Foss	Vice President	33 Canonchet Drive, Portsmouth, R. I.
Doris Marie Foss	Secretary	33 Canonchet Drive, Portsmouth, R. I.
Robert M. Silva	Asst. Secretary	1100 Aquidneck Ave., Middletown, R. I.
David Wood Foss	Treasurer	33 Canonchet Drive, Portsmouth, R. I.

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		No par

APR 14 1982

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common		No par
300	Common		No par

Dated: February 22 19 82

1482 SANDOR, INC.

(Name of Corporation)  
By: *[Signature]*  
David Wood Foss  
Title: *[Signature]*

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

**ANNUAL REPORT**  
**OF**                      1981

**SANDOR, INC.**

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is Sandor, Inc.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: The address of its registered office in Rhode Island is  
173 East Main Road, Middletown, Rhode Island 02840  
and the name of its registered agent in Rhode Island at such address is  
David Wood Foss

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is  
N/A

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is bowling center.

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
	Director	
David Wood Foss	President	33 Canonchet Drive, Portsmouth, R. I.
Doris Marie Foss	Vice President	33 Canonchet Drive, Portsmouth, R. I.
Doris Marie Foss	Secretary	33 Canonchet Drive, Portsmouth, R. I.
David Wood Foss	Treasurer	33 Canonchet Drive, Portsmouth, R. I.
Robert M. Silva	Asst. Secretary	1120 Aquidneck Ave., Middletown, R. I.

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
600	Common	01	No par

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SEP 30 1981

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

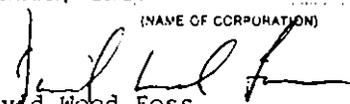
<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
300	Common		No par
300	Common		No par

Dated February 27 , 19 81

SANDOR, INC.

(NAME OF CORPORATION)

By

  
David Wood Foss

Its President

9/17/81

Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT  
OF

SANDOR, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is SANDOR, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: The address of its registered office in Rhode Island is 173 E MAIN ROAD  
MIDDLETOWN, R.I 02840  
and the name of its registered agent in Rhode Island at such address is SANDOR, INC.  
(DAVID WOOD FOSS)

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is N/A

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is BOWLING CENTER

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
DAVID WOOD FOSS	Director	48 Cranford Drive Portsmouth, RI
DORIS MARIE FOSS	Director	SAME
	Director	
DAVID WOOD FOSS	President	SAME
DORIS MARIE FOSS	Vice President	SAME
DORIS MARIE FOSS	Secretary	SAME
DAVID WOOD FOSS	Treasurer	SAME

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
600	No par value		NONE

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MAIL SECTION

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
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*None.*

Dated *2/29/*, 19*80*

By

*Sandoz, Inc*

(NAME OF CORPORATION)

*David Wood Lee*

Its

*President*