

Check No.

FOR SECRETARY OF STATE USE ONLY

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

I. Corporate ID No. 116897		Poration ALLAL INC			
3. Street Address Principal	Business Office		City	State	Zip
760 CUMBERLAND	HILL ROAD		WOONSOCKET	RI	02895
4. Business Phone No.		5. State of Incorpor	ation		6. SIC Cod
401-356-1430		RHODE ISLA	ND		3236
7. Brief Description of the DELICATESEN: The	Character of Business (retail sale o	Conducted in Rhode Island £, including but n	ot limited to food, s	oft drinks and pa	
8. NAMES AND ADD	RESSES OF THE O	FFICERS ("X" BOX FOR	ATTACHMENT) FILL IN SE	ACES REFORE USING A	TTACUAGENTE
- · · · · · · · · · · · · · · · · · · ·			Vice President Name	The same of the sa	. ivenimina _
JAMES HALLAL			JAMES HALLAL		
Street Address			*Street Address		·
7 RAYMOND DRIVE			. 7 RAYMOND DRIVI	Ε	
City	State	Zip .	City	State	Zip
CUMBERLAND	RI	02864	CUMBERLAND	RI	02864
ecretary Name			Treusurer Name		1
JAMES HALLAL			JAMES HALLAL		
Sireci Address			* Street Address		
7 RAYMOND DRIVE			.7 RAYMOND DRIVE		
City	State	Zip	*City		
CUMBERLAND	RI	02864	CUMBERLAND	State	Zip
9. NAMES AND ADDI	FESTS OF THE D		PRATTACHMENT) FILL IN	RI	02864
JAMES HALLAL			Director Name	STACES BEFORE USING	VIIVCHNENIZ
irect Address RAYMOND DRIVE			Street Address		
Tity	State	Zip	· Ciry·	State	Zip
CUMBERLAND	RI	02864	•		ľ
lirector Name			Director Name	• • • • • • • • • • •	
ireci Address			Street Address		
in.	State	Zip	·City	State	Zίρ
	E P		•	-	1
0. SHARES AUTHOR UTHORIZED SHARES	IZED ("X" BOX FO	RATTACHMENT)	11. SHARES ISSUED ("X	" BOX FOR ATTACHMEN	70 🗆
lumber of Shares	Cluss/Scrips	Par Value	Number of Shares	Class/Series	Par Value
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000 NO PAR		<u> </u>	1000	COMMON	NO PAR
his report must be sig	gned in ink by eit	her the President, Vice	President, Secretary, Assis	tant Secretary, Treasu	irer, Receiver o
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this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. Signature | Officer Date JAMES HALLAL Print or Type Name of Officer PRESIDENT Tule of Officer Form 630 12/01

Under penalty of perjury, I declare and affirm that I have examined



(FORM MUST BE TYPED IN BLACK)

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

1. Corporate ID No.	2. Nume of Corpo				
116897	JAMES HAL	LAL INC			
3. Street Address Principal	·-		City	State	Zip
760 CUMBERLAND	HILL ROAD		WOONSOCKET	RI	02895
4. Business Phone No.		5. State of Incorpora			6. SIC Code
401-356-1430		RHODE ISLA	ND		3236
7 Brief Description of the Character of Business Conducted in Rhode Island DELICATESSEN: The retail sale of, including but			not limited to food,	soft drinks and p	astry
				-	•
President Name	ALSSES OF THE OFF	LICERO CAL HOX LOK	ATTACHMENT) FILL IN SP	ACES BEFORE USING A	TTACHMENTS ·
JAMES HALLAL			JAMES HALLAL		
Street Address			Sircel Address		
7 RAYMOND DRIVE			.7 RAYMOND DRIVE	a .	
City	State	Zip	City	State	17/-
CUMBERLAND	RI	02864	· CUMBERLAND	RI	7.ip
ecretary Name	• • • • • • • • • • • • • • • • • • • •		Treasurer Name		02864
JAMES HALLAL			JAMES HALLAL		
Street Address					
7 RAYMOND DRIVE	•		* Street Address	•	
City	····	17:	.7 RAYMOND DRIVE		·
CUMBERLAND	State	Zip	City	Stote	Zip
	RI	02864	. CUMBERLAND	RI	02864
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS ("X" BOX FO	RATTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
DIFECTOR INOME			Director Name		
JAMES HALLAL			• •		
Street Address	· ·		- Street Address		
7 RAYMOND DRIVE			•		
Cuy	Stole	Zip	·City	State	Zip
CUMBERLAND	RI	02864	• ′		
Director Name		!	Director Name	• • • • • • • • • • • • •	l
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Street Address			Compt Add	·- ··· · · · · · · · · · · · · · · · ·	
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	1 5.4	150	*	State	Zip
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10. SHARES AUTHOR	ULEU ("X" BOX FOR	ATTACHMENT)		" BOX FOR ATTACHMEN	/n 🗆
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his report must be sig	gned in ink by eithe	r the President Vice	President, Secretary, Assis	Sant Secretory Treas	urer Receiver or True
- · · · ·	~			occidiary, ricust	erer, receiver or 1783
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1 1	6 8 9 7		linder nenalty of see	jury, I declare and affirm	that I have evanished
	- · ·		this report including	jury, i declare and affirm any accompanying sched	tules and statements
		 -	and that all etatemen	ts contained herein ary true	and correct
7 1.	1.00		Statemen	is contained neighboring	L and correct.
File Date 3.11	6-09		Jom	02001111	1208/3
		-	Signatural & Office	so my	<u> </u>
Check No. 90)	L		Signature of Officer	· ·	Date
1/0			JAMES HAL		
$\mathbf{B}_{\mathbf{K}}$ [\mathcal{U}]			Print or Type Name of Officer		
			PRESIDENT		
OR SECRETARY OF STATE USE ONLY			Title of Officer	·	Form 630 12
			····		rount 030 1.



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: Innuary I-March 1 . Filing Feet \$50.00



tions reliber junion	ry 1-march 1 •	Filing Fee: \$50.00			PLIAS!
FORM MUST BE TYPED IN B		,			INSTRU
L. Corporate ID No.	2. Name of Corpor	ation			
116897		JAMES HALLA	L, INC		
3. Street Address Principal Rusine			City	State	210
760 CUMBERLAND	HILL ROAD		WOONSOCKET	RI	21p 02895
4. Rusiness Phone No.		S. State of Incorporation			6. SIC Code
401-356-1430		RHODE IS	LAND		3236
7. Brief Description of the Charac					3430
SALE OF DELI	PRODUCTS AND	SANDWICHES			
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR ATT)	ACHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
JAMES HALLAL			Vice President Name		
Street Address			JAMES HALLAL		
7 RAYMOND DRIVE	₹		Street Address		
City	State	Zip	7 RAYMOND DRIV	/E	
CUMBERLAND	RI	02864	CIMPERAND	State	ZIp
Secretary Name		02004	CUMBERLAND Treasurer Name	RI	02864
JAMES HALLAL			JAMES HALLAL		
Street Address			Street Address		
7 RAYMOND DRIVE	E		7 RAYMOND DRIV	r c	
Stry	State	Zip	City	State	•
CUMBERLAND	RI	02864	CUMBERT.AND	RI	zip 02864
NAMES AND ADDRES	SSES OF THE DIRE	CTORS ("X" BOX FOR AT	•	ES BEFORE USING ATTA	
prector Name			Director Name	2 2 2 1 0 KE CSING AT I	ACHMEN13
JAMES HALLAL treet Address			•		
			Street Address		
7 RAYMOND DRIVE			•		
CUMBERLAND	State	Zip	City	State	Zip
Pirector Name	RI	02864		• • • • • • • • • • • • • • • • • • • •	
			Director Name		• • • • •
reet Address			Store 4.4.1		
			Street Address		
ity	State	Zip	City	e.	
		•	G <i>y</i>	State	Zip
0. SHARES AUTHORIZE	D ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*)	Y' BOY FOR ATTACAMENT	
JTHORIZED SHARES			ISSUITO SHARES	N DOX FOR ATTACHMENT	,
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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1000 NO PAR VAL	UE		1000	COMMON	NO PAR

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

File Date:	3-28.03	
Check No.:	500	
By:	· de	
	RY OF STATE USE ONLY	

Under penalty of perjury, I dect	are and affirm that I have examined
this report, including any accontinatall statements contained by	npanying schedules and statements, and
James Hall	tern are true and correct.
Skrature of Officer	Date

JAME	S_HALLAL	
Print of Tv.	e Name of Officer	

PRESIDENT

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

STOP PLEASE READ INSTRUCTIONS

FORM MUST BE TYPED IN I	BLACK)		•		IXXI
1. Carporate II) No.	2. Name of Corpor	ation			
116897	•	LLAL, INC.			
3. Street Address Principal Busin	ess Office		City	State	*!-
760 CUMBERLAN	D HILL ROAD		WOONSOCKET	RI	zip 02895
4. Business Phone No.		5. State of Incorporati		N.	6. SIC Code
401-356-1430		RHODE ISLA	.ND		3236
7. Brief Description of the Chara		In Rhode Island			3230
SALE OF DELI	PRODUCTS AND S	SANDWICHES			
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOR ATT	TACHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
rresident Name			Vice President Name		
JAMES HALLAL Street Address			JAMES HALLAL		
7 RAYMOND DRIV	Tic .		Street Address		
City	State	•	7 RAYMOND DR	IVE	
CUMBERLAND		Zip	City	State	Zip
Secretary Name	RI	02864	CUMBERLAND	RI	02864
JAMES HALLAL			Treasurer Name		
Street Address			JAMES HALLAL Street Address		
7 RAYMOND DRIV	Æ		_	TTD	
City	State	Zip	7 RAYMOND DRI		
CUMBERLAND	RI	02864	CUMBERLAND	State RI	ZIp
9. NAMES AND ADDRE	SSES OF THE DIR			S BEFORE USING ATT	02864
Director Name			Director Name	3 DELOKE OSHAR WIT	ACHMENIS
JAMES HALLAL					
Street Address			Street Address		
7 RAYMOND DRIV	_				
City	State	Zip	City	State	Zip
CUMBERLAND Director Name	RI	02864			
		•	Director Name	• ,	
Street Address					
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City	State	Zip	·		
		Σiμ	City	State	Zip
10. SHARES AUTHORIZI	D ("X" BOX FOR ATTA	CHMENT)	11 CHARCACOURS		
AUTHORIZED SHARES			11. SHARES ISSUED (*)	K" BOX FOR ATTACHMENT	")
Number of Shares	Class/Series	Par Value	Number of Shares	C1151-	
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				COLLION	NO PAR

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

Title of Officer



File Date:	3-4-02	
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Check No.:		 -
Ву:	Ce	
FOR SECRE	TARY 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 age que and correct.
James Hallo 2 /27/2002
Sixulative of Officer Date
JAMES HALLAL
Pilnt or Type Name of Officer
PRESIDENT