



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 IN BLACK)

|  |              |  |                    |                     |
|--|--------------|--|--------------------|---------------------|
| 1. Corporate ID No.<br>116897  |              | 2. Name of Corporation<br>JAMES HALLAL INC |                    |                     |
| 3. Street Address Principal Business Office<br>760 CUMBERLAND HILL ROAD  |              | City<br>WOONSOCKET                         | State<br>RI        | Zip<br>02895        |
| 4. Business Phone No.<br>401-356-1430  |              | 5. State of Incorporation<br>RHODE ISLAND  |                    | 6. SIC Code<br>3236 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>DELICATESSEN: The retail sale of, including but not limited to food, soft drinks and pastry |              |  |                    |                     |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS   |              |  |                    |                     |
| President Name<br>JAMES HALLAL   |              | Vice President Name<br>JAMES HALLAL        |                    |                     |
| Street Address<br>7 RAYMOND DRIVE  |              | Street Address<br>7 RAYMOND DRIVE          |                    |                     |
| City<br>CUMBERLAND   | State<br>RI  | Zip<br>02864                               | City<br>CUMBERLAND | State<br>RI         |
| Secretary Name<br>JAMES HALLAL   |              | Treasurer Name<br>JAMES HALLAL             |                    |                     |
| Street Address<br>7 RAYMOND DRIVE  |              | Street Address<br>7 RAYMOND DRIVE          |                    |                     |
| City<br>CUMBERLAND   | State<br>RI  | Zip<br>02864                               | City<br>CUMBERLAND | State<br>RI         |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |  |                    |                     |
| Director Name<br>JAMES HALLAL  |              | Director Name                              |                    |                     |
| Street Address<br>7 RAYMOND DRIVE  |              | Street Address                             |                    |                     |
| City<br>CUMBERLAND   | State<br>RI  | Zip<br>02864                               | City               | State               |
| Director Name  |              | Director Name                              |                    |                     |
| Street Address   |              | Street Address                             |                    |                     |
| City   | State        | Zip  | City               | State               |
| 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        |
| 1000 NO PAR  |              |  | 1000               | COMMON              |
|  |              |  |                    |                     |

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



1 1 6 8 9 7

|                                 |        |
|---------------------------------|--------|
| File Date                       | 2/1/05 |
| Check No.                       | 1216   |
| 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 James Hallal Date 1/30/2005  
JAMES HALLAL  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



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.<br>116897  |              | 2. Name of Corporation<br>JAMES HALLAL INC |                    |                     |              |
| 3. Street Address Principal Business Office<br>760 CUMBERLAND HILL ROAD  |              | City<br>WOONSOCKET                         | State<br>RI        | Zip<br>02895        |              |
| 4. Business Phone No.<br>401-356-1430  |              | 5. State of Incorporation<br>RHODE ISLAND  |                    | 6. SIC Code<br>3236 |              |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br>DELICATESSEN: The retail sale of, including but not limited to food, soft drinks and pastry |              |  |                    |                     |              |
| 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS   |              |  |                    |                     |              |
| President Name<br>JAMES HALLAL   |              | Vice President Name<br>JAMES HALLAL        |                    |                     |              |
| Street Address<br>7 RAYMOND DRIVE  |              | Street Address<br>7 RAYMOND DRIVE          |                    |                     |              |
| City<br>CUMBERLAND   | State<br>RI  | Zip<br>02864                               | City<br>CUMBERLAND | State<br>RI         | Zip<br>02864 |
| Secretary Name<br>JAMES HALLAL   |              | Treasurer Name<br>JAMES HALLAL             |                    |                     |              |
| Street Address<br>7 RAYMOND DRIVE  |              | Street Address<br>7 RAYMOND DRIVE          |                    |                     |              |
| City<br>CUMBERLAND   | State<br>RI  | Zip<br>02864                               | City<br>CUMBERLAND | State<br>RI         | Zip<br>02864 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |  |                    |                     |              |
| Director Name<br>JAMES HALLAL  |              | Director Name                              |                    |                     |              |
| Street Address<br>7 RAYMOND DRIVE  |              | Street Address                             |                    |                     |              |
| City<br>CUMBERLAND   | State<br>RI  | Zip<br>02864                               | City               | State               | Zip          |
| 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    |
| 1000 NO PAR  |              |  | 1000               | COMMON              | NO PAR       |

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



1 1 6 8 9 7

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.

*James Hallal* 2/28/2006  
Signature of Officer Date  
JAMES HALLAL  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer

File Date

3.16.07

Check No.

902

By:

16P

FOR SECRETARY OF STATE USE ONLY

**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. 116897  
2. Name of Corporation JAMES HALLAL, INC  
3. Street Address Principal Business Office  
760 CUMBERLAND HILL ROAD  
City Woonsocket State RI Zip 02895  
4. Business Phone No. 401-356-1430  
5. State of Incorporation RHODE ISLAND  
6. SIC Code 3236

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

SALE OF DELI PRODUCTS AND SANDWICHES

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

|   |  |
|---|--|
| President Name<br>JAMES HALLAL<br>Street Address<br>7 RAYMOND DRIVE<br>City CUMBERLAND State RI Zip 02864 | Vice President Name<br>JAMES HALLAL<br>Street Address<br>7 RAYMOND DRIVE<br>City CUMBERLAND State RI Zip 02864 |
| Secretary Name<br>JAMES HALLAL<br>Street Address<br>7 RAYMOND DRIVE<br>City CUMBERLAND State RI Zip 02864 | Treasurer Name<br>JAMES HALLAL<br>Street Address<br>7 RAYMOND DRIVE<br>City CUMBERLAND State RI Zip 02864      |

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

|  |   |
|--|---|
| Director Name<br>JAMES HALLAL<br>Street Address<br>7 RAYMOND DRIVE<br>City CUMBERLAND State RI Zip 02864 | Director Name<br><br>Street Address<br><br>City State Zip |
| Director Name<br><br>Street Address<br><br>City State Zip  | Director Name<br><br>Street Address<br><br>City State Zip |

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

| AUTHORIZED SHARES |              |           |
|-------------------|--------------|-----------|
| Number of Shares  | Class/Series | Par Value |
| 1000 NO PAR VALUE |              |           |

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

| ISSUED SHARES    |              |           |
|------------------|--------------|-----------|
| Number of Shares | Class/Series | Par Value |
| 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.: 590  
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]  
Signature of Officer  
JAMES HALLAL  
Print or Type Name of Officer

PRESIDENT

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.

2. Name of Corporation

116897

JAMES HALLAL, INC.

3. Street Address Principal Business Office

760 CUMBERLAND HILL ROAD

City

WOONSOCKET

State

RI

Zip

02895

4. Business Phone No.

401-356-1430

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3236

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

SALE OF DELI PRODUCTS AND SANDWICHES

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

President Name

JAMES HALLAL

Vice President Name

JAMES HALLAL

Street Address

7 RAYMOND DRIVE

Street Address

7 RAYMOND DRIVE

City

CUMBERLAND

State

RI

Zip

02864

City

CUMBERLAND

State

RI

Zip

02864

Secretary Name

JAMES HALLAL

Treasurer Name

JAMES HALLAL

Street Address

7 RAYMOND DRIVE

Street Address

7 RAYMOND DRIVE

City

CUMBERLAND

State

RI

Zip

02864

City

CUMBERLAND

State

RI

Zip

02864

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

Director Name

JAMES HALLAL

Director Name

Street Address

7 RAYMOND DRIVE

Street Address

City

CUMBERLAND

State

RI

Zip

02864

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1000

COMMON

NO PAR

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



\* 1 1 6 8 9 7 \*

File Date: 3-4-02

Check No.: 305

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.

James Hallal 2/27/2002  
Signature of Officer Date

JAMES HALLAL  
Print or Type Name of Officer

PRESIDENT

Title of Officer

5

Form 6.40 1/99