



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. 107597		2. Name of Corporation T & K Corporation			
3. Street Address Principal Business Office 140 MAIN ST.			City FASCOAG	State R.I.	Zip 02859
4. Business Phone No. 401-568-1100		5. State of Incorporation RHODE ISLAND		6. SIC Code 3081	
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A PIZZA AND SUB RESTAURANT.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name THOMAS TZEREMES			Vice President Name N/A		
Street Address 24 JEPHERSON DRIVE			Street Address		
City DOUGLAS	State MA	Zip 01516	City	State	Zip
Secretary Name KONSTANTINOS TZEREMES			Treasurer Name THOMAS TZEREMES		
Street Address 67 HARVEST ROAD			Street Address 24 JEPHERSON DRIVE		
City UXBRIDGE	State MA	Zip 01569	City DOUGLAS	State MA	Zip 01516
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name THOMAS TZEREMES			Director Name		
Street Address 24 JEPHERSON DRIVE			Street Address		
City DOUGLAS	State MA	Zip 01516	City	State	Zip
Director Name KONSTANTINOS TZEREMES			Director Name		
Street Address 67 HARVEST ROAD			Street Address		
City UXBRIDGE	State MA	Zip 01569	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
300 \$.10 PAR VALUE			200	COMMON	

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



FILE # 107597

File Date MAR 10 2005
Check No. By [Signature]
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] 3-12-05
Signature of Officer Date
THOMAS TZEREMES
Print or Type Name of Officer
PRESIDENT
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 OR PRINTED IN BLACK)

1. Corporate ID No. 107597		2. Name of Corporation T & K Corporation <u>OLYMPIA FAMOUS PIZZA</u>			
3. Street Address Principal Business Office <u>140 MAIN ST.</u>			City <u>PASCOAG</u>	State <u>RHODE ISLAND</u>	Zip <u>02859</u>
4. Business Phone No. <u>401-568-1100</u>		5. State of Incorporation <u>RHODE ISLAND</u>			6. SIC Code <u>3081</u>
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A PIZZA AND SUB RESTAURANT.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>THOMAS TZEREMES</u>			Vice President Name <u>THOMAS TZEREMES</u>		
Street Address <u>24 JEPHERSON DRIVE</u>			Street Address <u>24 JEPHERSON DRIVE</u>		
City <u>DOUGLAS</u>	State <u>MA.</u>	Zip <u>01516</u>	City <u>EAST DOUGLAS</u>	State <u>MA.</u>	Zip <u>01516</u>
Secretary Name <u>KONSTANTINOS TZEREMES</u>			Treasurer Name <u>SAME</u>		
Street Address <u>67 HARVEST DRIVE</u>			Street Address		
City <u>UXBRIDGE</u>	State <u>MA.</u>	Zip <u>01569</u>	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 <u>THOMAS TZEREMES</u>			Director Name		
Street Address <u>24 JEPHERSON DRIVE</u>			Street Address		
City <u>DOUGLAS</u>	State <u>MA.</u>	Zip <u>01516</u>	City	State	Zip
Director Name <u>KONSTANTINOS TZEREMES</u>			Director Name		
Street Address <u>67 HARVEST DRIVE</u>			Street Address		
City <u>UXBRIDGE</u>	State <u>MA</u>	Zip <u>01569</u>	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
<u>300</u>	<u>\$.10 PAR VALUE</u>		<u>200</u>	<u>COMMON</u>	

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



* 1 0 7 5 9 7 *

File Date 2-18-04
Check No. 3910
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] 2-17-2004
Signature of Officer Date
THOMAS TZEREMES
Print or Type Name of Officer
PRESIDENT
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 OR PRINTED IN BLACK)

1. Corporate ID No. **107597** 2. Name of Corporation **T & K Corporation DBA OLYMPIA FAMOUS PIZZA**
3. Street Address Principal Business Office **140 MAIN ST. PASCOAG** City **R.I.** State **02859** Zip
4. Business Phone No. **401-568-1100** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3081**
7. Brief Description of the Character of Business Conducted in Rhode Island **PIZZARIA - FOOD & BEVERAGES**

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

President Name THOMAS TZEREMES Street Address 24 JEPHERSON DRIVE City EAST DOUGLAS MA. State MA. Zip 01516	Vice President Name THOMAS TZEREMES Street Address 24 JEPHERSON DRIVE City EAST DOUGLAS MA. State MA. Zip 01516
Secretary Name KONSTANTINOS TZEREMES Street Address 67 HARVEST DRIVE City VXBRIDGE MA. State MA. Zip 01569	Treasurer Name SAME AS ABOVE Street Address City State Zip

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

Director Name SAME AS ABOVE Street Address City State Zip	Director Name SAME AS ABOVE Street Address City State Zip
Director Name SAME AS ABOVE Street Address City State Zip	Director Name SAME AS ABOVE Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
300		\$.10 PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
200	COMMON	

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



* 1 0 7 5 9 7 *

File Date: 3-0-03
2773
Check No.: _____
By: lup

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] 2-10-03
Signature of Officer Date

THOMAS TZEREMES
Print or Type Name of Officer

PRESIDENT
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. **107597** 2. Name of Corporation **T & K Corporation DBA OLYMPIA PIZZA**
3. Street Address Principal Business Office **140 MAIN ST. PASCOAG R.I. 02859** Zip
4. Business Phone No. **401-568-1100** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3081**

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

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

President Name **THOMAS TZEREMES** Vice President Name **N/A**
Street Address **24 JEFFERSON DRIVE** Street Address **N/A**
City **EAST DOUGLAS MA. 01516** City State Zip

Secretary Name **KONSTANTINOS TZEREMES** Treasurer Name **THOMAS TZEREMES**
Street Address **67 HARVEST DR.** Street Address **24 JEFFERSON DR.**
City **UXBRIDGE MA. 01569** City **EAST DOUGLAS MA. 01516**

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

Director Name **THOMAS TZEREMES** Director Name **KONSTANTINOS TZEREMES**
Street Address **24 JEFFERSON DRIVE** Street Address **67 HARVEST DR.**
City **EAST DOUGLAS MA. 01516** City **UXBRIDGE MA. 01569**

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
300 \$.10 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
200 COMMON

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



* 1 0 7 5 9 7 *

File Date: **4-11-02**
Check No.: **2247**
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.

Thomas Tzeremes
Signature of Officer Date **3-12-02**
THOMAS TZEREMES
Print or Type Name of Officer
PRESIDENT
Title of Officer



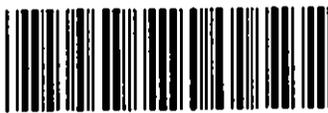
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 107597		2. Name of Corporation T & K Corporation	
3. Street Address Principal Business Office 140 MAIN ST.		City PASCOAG	State R.I.
4. Business Phone No. 401-568-1100		5. State of Incorporation RHODE ISLAND	Zip 02859
6. SIC Code 3081			
7. Brief Description of the Character of Business Conducted in Rhode Island PIZZA AND SUB RESTAURANT			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name THOMAS TZEREMES		Vice President Name N/A	
Street Address 59 SANWOOD DRIVE		Street Address	
City HARRISVILLE R.T.	State R.T.	City	Zip 02830
Secretary Name KONSTANTINOS TZEREMES		Treasurer Name THOMAS TZEREMES	
Street Address 67 HARVEST ROAD		Street Address 59 SANWOOD DRIVE	
City UXBRIDGE MA.	State MA.	City HARRISVILLE R.T.	Zip 02830
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name THOMAS TZEREMES		Director Name	
Street Address 59 SANWOOD DRIVE		Street Address	
City HARRISVILLE, R.T.	State R.T.	City	Zip 02830
Director Name KONSTANTINOS TZEREMES		Director Name	
Street Address 67 HARVEST DRIVE		Street Address	
City UXBRIDGE MA.	State MA.	City	Zip 01569
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
300	\$.10 PAR VALUE		200
			COMMON

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



* 1 0 7 5 9 7 *

File Date: 2/20

Check No.: 1747

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.

~~Thomas Tzeremes~~ 2-16-01
Signature of Officer Date

THOMAS TZEREMES
Print or Type Name of Officer

PRESIDENT
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. 107597		2. Name of Corporation T & K Corporation	
3. Street Address Principal Business Office 140 MAIN ST.		City PASCOAG	State R.I.
4. Business Phone No. 401-568-1100		5. State of Incorporation RHODE ISLAND	
7. Brief Description of the Character of Business Conducted in Rhode Island PIZZA AND SUB RESTAURANT			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Thomas Tzeremes		Vice President Name N/A	
Street Address 59 SANWOOD DR.		Street Address	
City HARRISVILLE	State R.I.	City	State
Zip 02830			
Secretary Name KONSTANTINOS TZEREMES		Treasurer Name THOMAS TZEREMES	
Street Address 67 HARVEST RD.		Street Address 59 SANWOOD DR.	
City Uxbridge	State MA	City HARRISVILLE	State R.I.
Zip 01569		Zip 02830	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name THOMAS TZEREMES		Director Name	
Street Address 59 SANWOOD DR.		Street Address	
City HARRISVILLE	State R.I.	City	State
Zip 02830			
Director Name KONSTANTINOS TZEREMES		Director Name	
Street Address 67 HARVEST DR.		Street Address	
City Uxbridge	State MA	City	State
Zip 01569			
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	Number of Shares	Class/Series
300	\$.10 PAR VALUE	200	COMMON
Par Value		Par Value	

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



* 1 0 7 5 9 7 *

File Date: _____
Check No.: _____
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: Thomas Tzeremes Date: 3/13/00
Print or Type Name of Officer: Thomas Tzeremes
Title of Officer: Treasurer