



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 148452		2. Exact name of the limited liability company NIGHTINGALE FOOD SERVICES, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RETAIL FOOD SERVICE RESTAURANT	
5. Principal office address 1623 Warwick Ave.		City Warwick	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Philip Nightingale		Contact Title President	Zip 02889
Street Address 1623 Warwick Ave.		City Warwick	State RI
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		Zip 02889	
Manager Name Philip Nightingale		Manager Name	
Street Address 15 Audubon Lane		Street Address	
City Hope	State RI	City	State
Zip 02831		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name PHILIP NIGHTINGALE		Address	
Address 1623 WARWICK AVENUE		City WARWICK	Zip 02889-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	9-7-07
Check No.	0190
By:	mnc
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.

Philip Nightingale
Signature of Authorized Person
Date **8/29/07**
Print or Type Name of Authorized Person