



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
101.222.3040

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. 101123		2. Exact name of the limited liability company Juleo's LLC		
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ACQUIRE, OWN AND OPERATE A PIZZA RESTAURANT AND TO INVEST IN REAL PROPERTY.		
5. Principal office address 909 Boston Neck RD.		City NARRAGANSETT	State R.I.	Zip 02882
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name LEO D. CLARK		Contact Title Partner		
Street Address 909 Boston Neck RD		City NARRAGANSETT	State R.I.	Zip 02882
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"/>				
Manager Name LEO D CLARK		Manager Name		
Street Address 15 Pettaquamscutt LAKE RD.		Street Address		
City SAUNDERSTOWN	State R.I.	Zip 02874	City	State
Manager Name Julie M. CLARK		Manager Name		
Street Address 15 Pettaquamscutt LAKE RD.		Street Address		
City SAUNDERSTOWN	State R.I.	Zip 02874	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name LEO D. CLARK		Address		
Address 909 BOSTON NECK ROAD		City NARRAGANSETT	Zip 02882	

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

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.

File Date **FILED**
Check No. **SEP 18 2007**
By: **3728**
FOR SECRETARY OF STATE USE ONLY

Julie M. Clark 9/14/07
Signature of Authorized Person Date
Julie M. CLARK
Print or Type Name of Authorized Person