



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 02901-2615
401 222-3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

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

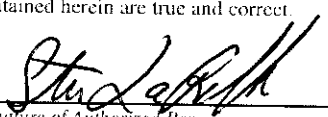
In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 133330		2. Exact name of the limited liability company LABELLA'S DELI & RESTAURANT, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DELI & RESTAURANT	
5. Principal office address 553 HARTFORD AVENUE		City PROVIDENCE	State RI Zip 02909
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STEVEN I. LABELLA		Contact Title MANAGING MEMBER	
Street Address 553 HARTFORD AVENUE		City PROVIDENCE	State RI Zip 02909
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) ☐			
Manager Name STEVEN I. LABELLA		Manager Name	
Street Address 15 WOODLAKE DRIVE		Street Address	
City JOHNSTON	State RI	City	State Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State 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 THOMAS A. TARRO, III		Address SUMMIT EAST, SUITE 330	
Address 300 CENTERVILLE ROAD		City WARWICK, RI	Zip 02886-0214

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

File Date	FILED
Check No.	OCT 11 2007
By:	By 35886 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.

 10/4/07
Signature of Authorized Person Date
STEVEN I. LABELLA
Print or Type Name of Authorized Person