

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. 145532 | | ct name of the limited liability company /enly Morsels and More, LLC | | | | |
|--|----------------------------------|---|---|--|----------------|--|
| 3. State of Formation RHODE ISLAND | <u> </u> | of the character of the | business which is actually conducted in Rho | de Island | | |
| 5. Principal office address 940 QUAKER LANE | | | Warwich | State CI | zip O JAI J | |
| 6. MAILING ADDRE | L Mollian | EDICOMPANY A | Contact Title | | | |
| Street Address 940 QUAKER LANE | | | Worusch | State L± | 0 281 F | |
| 7. NAME AND ADDI | IESS OF EACH MANAG FILL IN SP | er of the Limit Aces before us | TED LIABILITY COMPANY. II AFT | TYCKELE - DO NOT | LIST MEMBERS | |
| Manager Name MQ | | | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zip | City | State | Zip | |
| Manager Name | ••••••••••••••• | •••••• | Manager Name | ······································ | | |
| Street Address | | | Street Address | Street Address | | |
| City | State | Zip | City | State | Zip | |
| 8. RESIDENT AGENT Agent Name ANDREA L. MOLLICO | | DO NOT ALTER | Changes require filling of Form Address | 642 - R.I.G.L. 7-16-11 | 71. | |
| Address 940 QUAKER LANE | | | City WARWICK | Zip 028 | 818- | |

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

| File Date | FILED | i i |
|-----------|-------------------------------|--|
| Check No. | OCT 29 2007 | an same of the sam |
| Ву:Е | N 369 | |
| | FOR SECRETARY OF STATE USE ON | LY |

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 Authorized Person

Date

Print or Type Name of Authorized Person