



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. 145085		2. Exact name of the limited liability company Krueger's Homemade Ice Cream, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ICE CREAM SHOP	
5. Principal office address 7510 Post Rd.		City N. Kingstown	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name William Krueger		Contact Title Partner	
Street Address 127 W Bay Dr.		City Narragansett	State RI
		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 Patricia Krueger		Manager Name	
Street Address 127 W Bay Drive		Street Address	
City Narragansett	State RI	City	State
Zip 02882		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 WILLIAM E. KRUEGER		Address	
Address 127 WEST BAY DRIVE		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.	NOV 13 2007
By:	By 885
FOR SECRETARY OF STATE USE ONLY	

William Krueger 10/17/07
Signature of Authorized Person Date
William E. Krueger
Print or Type Name of Authorized Person