



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. 105125		2. Exact name of the limited liability company Mall Foods, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING & OPERATING A WENDY'S RESTAURANT			
5. Principal office address 887 Greenwich Avenue			City WARWICK	State RHODE ISLAND	Zip 02889-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name HARVEY A. BENNETT, JR.			Contact Title MEMBER		
Street Address 887 Greenwich Avenue			City WARWICK	State RHODE ISLAND	Zip 02889
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 ROBERT D. WIECK, ESQ.			Address 101 DYER STREET, SUITE 400		
Address MACADAMS & WIECK INCORPORATED			City PROVIDENCE	Zip 02903	

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV.  
 2007 NOV 21 AM 8:55

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

105125

<b>FILED</b>	
File Date	NOV 21 2007
Check No.	16528
By:	<i>[Signature]</i>
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.

*[Signature]* \_\_\_\_\_ Date 11/14/07  
 Signature of Authorized Person  
 Harvey A. Bennett, Jr.  
 Print or Type Name of Authorized Person