



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. 127414		2. Exact name of the limited liability company MAIN STREET COFFEE LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island COFFEEHOUSE	
5. Principal office address 137 MAIN ST		City EG	State RI
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name STEPHEN CINQUEGRANA		Contact Title SOLE MEMBER	
Street Address 23 Loni DR		City N.P.	State RI
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		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11		RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11	
Agent Name STEPHEN CINQUEGRANA		Address 23 Loni DR. N.P.	
Address 23 Loni DR. N.P.		City N.P.	State RI

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

FILED

MAR 21 2008

By 053434

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

STEPHEN CINQUEGRANA
Print or Type Name of Authorized Person

File Date: 2008 MAR 21 AM 11:11

Check No.:

By:

FOR SECRETARY OF STATE USE ONLY