



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. 158921		2. Exact name of the limited liability company Providence Cheese Company, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Sales			
5. Principal office address 33 Dearborn Street			City Providence	State RI	Zip 02909-4101
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Mark A. Federico			Contact Title Member		
Street Address 33 Dearborn Street			City Providence	State RI	Zip 02909-4101
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 Mark Federico			Address		
Address 940 Quaker Lane, Apt. 701			City East Greenwich	Zip 02818	

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2008 JUN 26 PM 1:58

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

158921

File Date	6-26-08
Check No.	1001
By:	<i>MFC</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.

*Mark A. Federico* 6/18/08  
Signature of Authorized Person Date

Mark A Federico, Member

Print or Type Name of Authorized Person