



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 2008**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* 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)(v)) is subject to a penalty fee of \$25.00.

1. ID No. <b>293073</b>		2. Exact name of the limited liability company: <b>WHISTLE STOP RESTAURANT &amp; ICE CREAM SHOPPE LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>FULL SERVE RESTAURANT</b>			
5. Principal office address <b>119 MAIN STREET</b>			City <b>ALBION</b>	State <b>RI</b>	Zip <b>02802</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>TERRI KADISEVSKIS</b>			Contact Title <b>MEMBER</b>		
Street Address <b>39 MORNING GLORY ROAD</b>			City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
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 This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2008 OCT 10 AM 11:59

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

**FILED**

OCT 10 2008 11:59

By 070399  
KMC

File Date _____
Check No. _____
By: _____
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.

*TERRI KADISEVSKIS*  
 Signature of Authorized Person \_\_\_\_\_ Date \_\_\_\_\_  
**TERRI KADISEVSKIS**  
 Print or Type Name of Authorized Person