



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

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. 156479	2. Exact name of the limited liability company IBP Enterprises, LLC
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3. State of Formation Rhode Island	4. Brief description of the character of the business which is actually conducted in Rhode Island operation of a restaurant
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5. Principal office address 295 Rochambeau Avenue	City Providence	State RI	Zip 02906
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:	
Contact Name Andrew Aytac	Contact Title Member

Street Address 295 Rochambeau Avenue	City Providence	State RI	Zip 02906
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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)

Manager Name	Manager Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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Manager Name	Manager Name
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Street Address	Street Address
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City	State	Zip	City	State	Zip
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name Paul DeMarco, Esq.	Address
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Address 1350 Division Road, Suite 102	City West Warwick	Zip 02893
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2008 OCT 31 AM 10:42
 CORPORATIONS DIVISION
 STATE OF RHODE ISLAND

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

FILED

File Date **OCT 31 2008**

Check No. **1161**

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.


10/14/08
 Signature of Authorized Person Date

Andrew Aytac
Print or Type Name of Authorized Person