

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

(11.11.31.31.71.11.11.71.71.71.71.71.71.71.71.71.71		o a penany jee oj \$25.00.							
I. ID No.	2. Exact name of the limited liability company								
248786	Early (Cravings, LLC							
3. State of Formation 4. Brief description of the character of the business whi			ch is actually conducted in Rhode Island						
RI operate a retail coffee franchise									
5. Principal office address				СИр		State		Zip	
18 Kingstown Road				Richmond		RI		02898	
	ess of L	MITED LIABILITY C	OMPANY AND NAME		CT PERSO	N:			
Bethany				Contact Title					
Bethay Whalen Whelch				Member					
Street Address				CYIV		State		Zip	
18 Kingstown Road				Richmond	ļ	RI		02898	
7. NAME AND ADD	RESS OF	EACH MANAGER O	F THE LIMITED LIABI	LITY COMPANY, IF A	PPLICABI	E - <u>DO N</u>	<u>ot list l</u>	<u>MEMBERS</u>	
• • • • • • • • • • • • • • • • • • • •		FILL IN SPACES	S BEFORE USING ATTA	CHMENTS ("X" BOX	FOR ATTA	(CHMENT)			
Manager Name				Munager Name					
N/A									
Street Address				Street Address					
City		State	Z.ip	City:		State		Zip	
·				• • •					
Manager Name				Manager Name					
									Street Address
				*					
City:		State	Zip	Ciry		State		Zip	
•		ļ		•					
8. RESIDENT AGEN	IT IN RH	ODE ISLAND - DO N	OT ALTER - Changes		m 642 - I	R.I.G.L. 7-16	6-11		
Agent Name				Address					
Vincent Rinaldi, Esq.									
Address				City	Zip				
931 Jefferson Boulevard				Warwick 02886				<u></u>	

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

File Date 11-5-08
Check No
By: MMC
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.

Bithany Whelan 10/28/08

Bethany Whalan, Member

Print or Type Name of Authorized Person