

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

ovidence, 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 \(\chi R.I.G.L. 7-16-66 (b&c)\)) is subject to a penalty fee of \$25.00.

† #D No. 272316	··	name of the limited liability company s Fish N Chips & More, LLC				
3. State of Formation Rhode Island 4. Brief description of the character of the business white ENGAGE IN THE BUSINESS OF A RI			business which is actually conducted SOF A RESTAURANT	ch is actually conducted in Rhode Island ESTAURANT		
5 Principal office address 485 Metacom Avenue			<sup>City</sup> Warren	State RI	×φ 02885	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME Contact Name Roland Brule, Jr.			ND NAME OR TITLE OF CON  Contact Title  Member	Contact Title		
Street Address 4 Read Avenue			<sup>Citγ</sup> Warren	State RI	7.ip 02885	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)						
Manager Name			Manager Nama	Manager Nama		
Street Address			Street Address	Street Address		
City	State	Zip	Clly	State	Zip	
Vanager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	$Z\psi$	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						

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

272316

File Date <b>FILED</b>					
Check NoNOV_1 2 2008					
Ву: Ву /352					
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.

Signature of Authorized Person

Date

ROLAND BRULE, JR.

Print or Type Name of Authorized Person