



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. <u>000117537</u>		2. Exact name of the limited liability company <u>RIPST Management LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Pizza Delivery</u>			
5. Principal office address <u>580 Old Fall River</u>		City <u>Dorchester</u>	State <u>MA</u>	Zip <u>02747</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Tim Cloc</u>			Contact Title <u>Member</u>		
Street Address <u>580 Old Fall River</u>		City <u>Dorchester</u>	State <u>MA</u>	Zip <u>02747</u>	
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		
Street Address			Street Address		
City <u>MA</u>	State <u>MA</u>	Zip <u>02747</u>	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			Address		
Address			City	Zip	

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

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STATE
SECRETARY OF STATE
CORPORATIONS DIV
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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.

File Date	FILED
Check No.	APR 16 2009
By:	<u>015 87004</u>
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person [Signature] Date 4/8/09
Print or Type Name of Authorized Person Tim Cloc