



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 02901-2615  
(01) 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. <b>244578</b>		2. Exact name of the limited liability company <b>Boo's Beans, 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>operate a retail coffee franchise</b>	
5. Principal office address <b>75 Noosneck Hill Road</b>		City <b>West Greenwich</b>	State <b>RI</b>
		Zip <b>02817</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Eilene Mello</b>		Contact Title <b>Member</b>	
Street Address <b>75 Noosneck Hill Road</b>		City <b>West Greenwich</b>	State <b>RI</b>
		Zip <b>02817</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 <b>N/A</b>		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name <b>Vincent Rinaldi, Esq.</b>		Address	
Address <b>931 Jefferson Boulevard</b>		City <b>Warwick</b>	Zip <b>02886</b>

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

File Date <b>5-22-09</b>
Check No. <b>A 301 P 306</b>
By: <b>MNC</b>
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.

**Eilene Mello** 1/19/09  
Signature of Authorized Person Date  
**Eilene Mello, Member**  
Print or Type Name of Authorized Person