



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>162446</u>		2. Exact name of the limited liability company <u>DIVINE PROVIDENCE CATERING SERVICES 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>CATERING AND FOOD SERVICE</u>			
5. Principal office address <u>P.O. Box 41386</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02940</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>RICHARD MINKIN</u>			Contact Title <u>BUSINESS MANAGER</u>		
Street Address <u>P.O. Box 41386</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02940</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	State	Zip	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).

2009 JUN -2 PM 4:16
CORPORATIONS DIVISION
STATE OF RHODE ISLAND

4:17

File Date	FILED
Check No.	JUN 02 2009
By:	<u>Richard Minkin</u>
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.

Richard Minkin 6/2/09
Signature of Authorized Person Date
RICHARD MINKIN
Print or Type Name of Authorized Person