

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

401.222.3040

## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

1. 1D No. 000312257 2. Exam	t name of the limited liabili		ement LLC					
3. State of Formation	4. Brief description of the	character of the husiness whi	ich is actually conducted in Rhode Island Lrestvarant					
5. Principal office address 1646 DIVI:		The state of the s	East Greenwich	Para compare transfer and the compare of	<sup>Zip</sup> 0 2818			
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name  Robert Gemma  Street Address  LASTO DIVISION Rd  City East Greenwich RI  City East Greenwich RI  City Contact Person:  City East Greenwich RI  City Contact Person:  City Contact Person:								
Street Address 1646 Divis	ion Rd		East Greenwich	State RI	02818			
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> PILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)								
Manager Name  V/A			Manager Name					
Street Address			Street Address					
Gity'	State	Zip	City	State	Zip			
Manuger Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
8. RESIDENT AGENT IN RI								
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).

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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

Date

6emma Print or Type Name of Authorized Person