

## State of Rhode Island and Providence Plantations Office of the Secretary of State

Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040

|LOGOUT |

Fee: \$50.00

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

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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.

Help with this form

**ANNUAL REPORT YEAR: 2009** 

1. ID No. 000487877

- 2. Exact Name of the Limited Liability Company Go Nuts Co. LLC
- 3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Food Processor of peanut butter/ nut products

FILED

SEP 14 2009

By MMC

5. Principal Office Address

No. and Street: 67 ASHBURTON DRIVE

City or Town: CRANSTON

RI Zip: 02921

USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Norma Cipolla Contact Title: Owner

No. and Street: 67 Ashburton Drive

City or Town: Cranston RI Zip: 02921 USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

irst Name:	Middle Name:	Last Name:	Suffix:
Address:	City:	Zip:	
			Clear Add
	NT IN RHODE ISLAND - DO N e Filing of Form 642 - R.I.G.L.		
NORMA CIPOLLA	A 67 ASHBURTON DRIVE CE	RANSTON, RI 02921	
9. This report must	t be executed by an authorize	ed person pursuant to R.t.G.I	L. 7-16-66 (b).
	ormation me, mailing address and email.) orma Cipolla		
Business Name: Ge	o Nuts Co. LLC		
No. and Street: 67	ASHBURTON DRIVE	Principal Office	
City as Taure	DANIOTON	<b>-</b> .	
City of Lown; Ci	RANSTON	RI Zip: 0292	21 USA
Contact Phone: 40	01.323.0200 ext:	RI Zip: 0292	21 USA
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Contact Phone: 40 Contact Email: no Please provide an ethe filing is rejected Division will be ser  Signed this 11 Da electronic signatur affirmation or acko that individual's ac are true, as of the contact  By	01.323.0200 ext:  orma@gonutsco.com  email address to receive an e d for any reason. If no email a	xpedited response from the iddress is provided, corresponded, corresponded, corresponded, corresponded, corresponded by the authorized luals signing this instrumentary, under penalties of perjured of the company, and that	Clear Corporations Division if ondence from the ed person. This to constitutes the ery, that this instrument is the facts stated herein
Contact Phone: 40 Contact Email: no Please provide an ethe filing is rejected Division will be ser  Signed this 11 Da electronic signatur affirmation or acka that individual's ac are true, as of the contact  By  Signature of Ar  By sel electr Gen. L	on the individual or individual of the alegante of the electronic filing, in the control of the electronic filing, in the electronic filing,	xpedited response from the iddress is provided, correspondeds and by the authorized luals signing this instrumentally, under penalties of perjuried of the company, and that in compliance with R.I. Genuted in compliance with agree that any legal	Clear Corporations Division if condence from the ed person. This is to constitutes the ry, that this instrument is the facts stated herein Laws § 7-16.  FILE SEP 14 2  SR.I. issues