

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 2009

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.

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1. ID No.	2. Exact name of the limited liability company							
157848	8 DJC, LLC							
3. State of Formation Rhode Is	land 4. Brief descripti	on of the character of the busing tion of cafe	ess which is actually conducted in Rhode	! Island				
5. Principal office address			City	State				
	Hill Road,		Warwick	RI	^{Ztp} 02886			
6. MAILING ADDRE:	is of limited liabi	LTTY COMPANY AND N	AME OR TITLE OF CONTACT I	PERSON	· 医性性溶液 医乳腺管 146、微微的原子 2015、114			
Contact Name		The second secon	Contact Title		성 이 생물이 하기된 때 마음이라고, 보고싶었다. -			
Donna J. Carnevale			Member	Member				
Street Address			City	State	Zip			
400 Bald Hill Road, Suite 518			Warwick	RI	02886			
7. NAME AND ADDR	ESS OF BACH MANA		LABILITY COMPANY, IF APPLI		/9/2014/8			
	PILLTY	PACES BEFORE USING	ATTACHMENTS (X BOX FOR	CABLE - DO VOI	<u>LISEANIMBERS</u>			
Manager Name	A CHI TONGTON THE ENGRAPH TO THE PROPERTY OF		A visit in the first control of the second o	。 我看了这些时间,只是一个时间,只是一个时间的时间,就是一个时间,我们就是一个时间,我们就是一个时间,我们就是一个时间,我们就是一个一个一个一个一个一个一个一个一				
			Manager Name					
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Manager Name			Manager Name					
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Agent Name	IN-KHODE ISLAND	DO NOT ALTER - Char	iges regulae filing of Form 64	i2 - R.J.G.L. 7-16-11				
•	D T	•	Address					
	E. Iannitell	1	3 Austin Av	renue				
PO Box 284			City	Zip				
			Greenville		02828			
				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.

Signature of Authorized Person

Date

Donna J. Carnevale

Print or Type Name of Authorized Person