

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* - 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&e)) is subject to a penalty fee of \$25,00.

Colleen A. Mooney Principal Constant Title Principal City Cranston Street City Cranston Ri O2920 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 N/A N/A N/A N/A N/A Manager Name N/A N/A Manager Name N/A N/A N/A N/A N/A N/A N/A N/	1. ID No 272106		2. Exact name of the limited liability company CRANSTON HOUSE OF PIZZA, LLC						
1791 Cranston Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Title Contact Title Principal State Cranston Ri 02920 Cranston Street Cranston Ri 02920 Cranston Ri 02920 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 N/A Manager Name	RHODE ISLAND Restaurant 5. Principal office address			business which is actually conducted in	Rhode Island				
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Name Contact Name Contact Name Contact Name Contact Title Principal Street Address T791 Cranston Street 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 N/A N/A Street Address Manager Name N/A Street Address T1 T3 T4 T5 T6 T7 T6 T7 T6 T7 T7 T6 T7 T6 T7 T6 T7 T6 T7 T7				I = "	I '	1 '			
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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 N/A Street Address City State Zip City State Zip						1 °			
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Street Address Street Address Street Address City State Zip City State Zip State 8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State Changes require filing of Form 642. PLC 1.7.16.11	N/A		••••••		······				
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State Changes require Gling of Form 642. PLC 1.7.16.11	Street Address			Street Address	Street Address				
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

272106

File Date	 	· · · · · · · · · · · · · · · · · · ·	
Check No			
By:			

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

Colleen A. Mooney

Print or Type Name of Authorized Person