



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 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 (h&c)) is subject to a penalty fee of \$25.00.

1. ID No. 147047		2. Exact name of the limited liability company Jonrocman, LLC				
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island To own, operate, develop and manage Johnny Rockets Restaurant in Manhattan, NY and the surrounding areas.				
5. Principal office address 87 HOFFMAN AVENUE		115A Pratt Street		City GRANSTON- Providence	State RI	Zip 02920 02906
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:						
Contact Name LLOYD B. SUGARMAN			Contact Title MANAGER			
Street Address 115A Pratt Street		City Providence		State RI	Zip 02906	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Manager Name LLOYD B. SUGARMAN			Manager Name JOSEPH R. PAOLINO, JR.			
Street Address 115A Pratt Street		Street Address 76 DORRANCE STREET				
City Providence	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02903	
Manager Name SHMUEL A. GAVISH			Manager Name			
Street Address 276 FIFTH AVENUE, SUITE 500		Street Address				
City NEW YORK	State NY	Zip 10001	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 Christopher C. Cassara, Esq.			Address 180 South Main Street			
Address PARTRIDGE SNOW & HAHN LLP		City Providence		Zip 02903		

**FILED**

SEP 25 2009

By

099827

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

2009 SEP 25 PM 3:37

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

LLOYD B. SUGARMAN

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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