



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

1. ID No 161852		2. Exact name of the limited liability company Chapelroc, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Own, operate, develop & manage Johnny Rockets restaurants at Chapel View in Cranston, RI.	
5. Principal office address 87 Hoffman Avenue 115A PRATT ST		City Cranston PROV	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 Jason Sugarman	
Street Address 115A Pratt Street		Street Address 115A Pratt Street	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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

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

File Date	9-25-09 12:24 PM
Check No.	14913
By:	mnc
FOR SECRETARY OF STATE USE ONLY	

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

Lloyd B. Sugarman

Print or Type Name of Authorized Person