



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  
(401.222.3010)

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

|                                                                                                                                                                                                               |       |                                                                                                                                                    |                                                        |                    |                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------|---------------------|
| 1. ID No.<br><b>130889</b>                                                                                                                                                                                    |       | 2. Exact name of the limited liability company<br><b>Andreozzi's 133 Club, LLC</b>                                                                 |                                                        |                    |                     |
| 3. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                  |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>Ownership and operation of Real Estate</b> |                                                        |                    |                     |
| 5. Principal office address<br><b>29 Warren Avenue</b>                                                                                                                                                        |       | City<br><b>East Providence</b>                                                                                                                     |                                                        | State<br><b>RI</b> | Zip<br><b>02914</b> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |       |                                                                                                                                                    |                                                        |                    |                     |
| Contact Name<br><b>Anthony J. Andreozzi, III</b>                                                                                                                                                              |       |                                                                                                                                                    | Contact Title<br><b>President &amp; Vice President</b> |                    |                     |
| Street Address<br><b>29 Warren Avenue</b>                                                                                                                                                                     |       | City<br><b>East Providence</b>                                                                                                                     |                                                        | State<br><b>RI</b> | Zip<br><b>02914</b> |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                                                    |                                                        |                    |                     |
| Manager Name                                                                                                                                                                                                  |       |                                                                                                                                                    | Manager Name                                           |                    |                     |
| Street Address                                                                                                                                                                                                |       |                                                                                                                                                    | Street Address                                         |                    |                     |
| City                                                                                                                                                                                                          | State | Zip                                                                                                                                                | City                                                   | State              | Zip                 |
| Manager Name                                                                                                                                                                                                  |       |                                                                                                                                                    | Manager Name                                           |                    |                     |
| Street Address                                                                                                                                                                                                |       |                                                                                                                                                    | Street Address                                         |                    |                     |
| City                                                                                                                                                                                                          | State | Zip                                                                                                                                                | City                                                   | State              | Zip                 |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11                                   |       |                                                                                                                                                    |                                                        |                    |                     |

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

130889

|                                 |                |
|---------------------------------|----------------|
| File Date                       | <b>10-5-09</b> |
| Check No.                       | <b>15747</b>   |
| By:                             | <b>MNC</b>     |
| 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.

**Anthony J. Andreozzi, III** 9/27/09  
Signature of Authorized Person  
**Anthony J. Andreozzi, III**  
Print or Type Name of Authorized Person