

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

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Exact name of the limited liability company AFE BERNARD, LLC					
3. State of Formation RHODE ISLAND		ion of the character of the busi ON OF A RESTAURA	which is actually conducted in Rhode Island			
5. Principal office address 54 Riley Drive			Cuy Riverside	State RI	<i>Ζi</i> ρ 02915	
6. MAILING ADDRESS Contact Name Paul J. Votta, Jr.	OF LIMITED LIAB	ILITY COMPANY AND	NAME OR TITLE OF CONTA Contact Title Attorney	Contact Title		
Street Address 200 Centerville Rd., Suite 4			City Warwick	State RI	Zip 02886	
7. NAME AND ADDRE		GER OF THE LIMITED SPACES BEFORE USING	LIABILITY COMPANY, IF A G ATTACHMENTS ("X" BOX	PPLICABLE - DO NOT	<u>r list members</u>]	
Manager Name Bernard E. Watson			Manager Name Linda J. Watson	• *		
Street Address 54 Riley Drive			Street Address 54 Riley Drive	:		
City	State	Zip	City	State	Zip	
Riverside	RI	02915	Riverside	į RI	02915	
Manager Name Wayne Gibson			Manager Name			
Street Address 15 Highland Street			Street Address	Street Address		
Gity Paxton	State MA	^{Zip} 01612	City	State	Zip	
8. RESIDENT AGENT I This information is curre		Office of the Secretary of	State. Changes require filing	of Form 642 - R.I.G.L. 7-1	16-11	

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

File Date	10-7-09
Check No	6998
Ву:	mnc
F	OR 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

1.01

Bernard E. Watson, Manager

Print or Type Name of Authorized Person