



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 103412		2. Exact name of the limited liability company BobaLou, L.L.C.		
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island ACQUIRING, DEVELOPING, LEASING AND SELLING REAL ESTATE		
5. Principal office address 1234 Oaklawn Avenue		City CRANSTON	State RI	Zip 02920
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:				
Contact Name ROBERT CICERONE		Contact Title		
Street Address 1234 Oaklawn Avenue		City CRANSTON	State RI	Zip 02920
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52				
Manager Name Robert Cicerone		Manager Name		
Street Address 1234 Oaklawn Avenue		Street Address		
City Cranston	State RI	Zip 02920	City	State
Manager Name		Manager Name		
Street Address		Street Address		
City	State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER: Changes require filing of Form 642 - R.I.G.L. 7-16-11				
Agent Name STEPHEN J. DIGIANFILIPPO, ESQ.		Address 50 PARK ROW WEST, SUITE 111		
Address VIEIRA & DIGIANFILIPPO LTD.		City PROVIDENCE	Zip 02903	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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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

Robert Cicerone, Manager

Print or Type Name of Authorized Person

File Date	11-16-09
Check No.	067
By:	mnc
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