

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_ 2007

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. (R.I.G.L. 7-16-66 (beec)				using to file its annual report within thirty	(30) days after the time prescr	ibed by law
1. ID No. 114423	1	aime of the limite	28 SE			
3. State of Formation Rhode Island 4. Brief description of the character of the busing to operate a donut shop				iess which is actually conducted in Rhod	e Island	REO REPOSE
5 Principal office address 3781 Mendon Road				CumberlandRI	State	02864-0000
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N Contact Name Demetrius D. Sampalis				NAME OR TITLE OF CONTACT PERSON: Gontact Title Member		ED STATE
Street Address 3781 Mendon Road				Cumberland	State RI	02864-0000
7. NAME AND AD	DRESS OF		GER OF THE LIMITED SPACES BEFORE USING	LIABILITY COMPANY, IF APPI ATTACHMENTS ("X" BOX FO	ICABLE - <u>DO NOT L</u> R ATTACHMENT)	IST MEMBERS
Manager Name Demetrius D. Sampalis				Manager Name Valerie B. Sampalis		28 5
Street Address 11 Betsy Williams Circle			Street Address 11 Betsy Williams Circle		RECRE	
Gity Johnston		State RI	^{Zφ} 02919	City Johnston	State RI	4 9192 77 77 77 77 77 77 77 77 77 77 77 77 77
Manager Name Dennis J. Sampalis				Manager Name		PH OF S
Street Address 11 Betsy Williams Circle				Street Address		3: 1:
Johnston		State RI	02919	Cuy	State	Zip 👢
8. RESIDENT AGE This information is			Office of the Secretary of	State. Changes require filing of Fo	orm 642 - R.I.G.L. 7-16-1	22
IJ	FILE					2609 NOV -5
Ву		8033 1:18				PM 3: 26
		This report	nust be executed by an a	authorized person pursuant to R.	I.G.L. 7-16-66 (b).	~ .

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File Date
Check No.
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By.
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.

Downtin D Son	poelin October _	, 2008
Signature of Authorized Person Demetrius D. Sampalis	Date	
R _v .		

Print or Type Name of Authorized Person Member