

A. Ralph Mollis, Secretary of S. Corporations Divisi 148 W. River Street, Providence, RI 02904-26. 401.222.30

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

I. ID No.		<u>-</u>	_				
132784	2. Exact name of the li	limited liabilty company					
3. State of Formation	Palagi Brothers Id	ce Cream, LLC					
	4. Brief descri	ption of the character of the	e business which is actually conducted i	in Rhode Island			
RHODE ISLAND	MANUFACT	JRING OF ICE CREA	AM, FROZEN LEMONADE AND	THE LIKE			
5. Principal office addre.	200						
28 DELTA DRIVE	E		City	State	Zip		
		FIXE CONTRACTOR CONTRA	PAWTUCKET	RI			
Contact Name	ESS OF LIMITED	LIABILITY/COMPA	NYAND NAME OF THE C	AE CONTACTIBLE			
FREDERIC A MAR	סקדד ד ד		Contact Title	Contact Title			
Street Address	·711111		•				
685 WARREN AVE	14 14 14 14 14 1		City	State			
OOO MANAGEM WAS	NUE		B3.00 bb		Zip		
7. NAME AND ADD	RESS OF EACH V	ANACHAR OF THE	A STATE OF THE STA		02914-		
	AND THE RES	PACES BEFORE USING	A CHANGE TO COME	WATER SEPTICAL	CLT SEE SEE SEE		
	ANY MODIFICATIONS	JOMANAGERS REQUI	ISE STEIDING OF WENDWEATH IS	STAUMEN DE			
			· Variance Varia	.G.L71.65 Z(a) (2) E1	E10.52		
Robert S. Palag	gi		•Manager Name		ATTENDED TO STATE OF THE PARTY		
Street Address							
25 Lakeshore Dr	ritta		Street Address				
City	State	12:	•				
North Attleboro	O MA	Zip	City	State	Zip		
Manager Name	·	02760	• • • • • • • • • • • • • • • • • • • •		1 mp		
· • · · · · · · · · · · · · · · · · · ·			Manager Name	Manager Name			
Street Address			•				
P. Dev. Caper Con			•Street Address				
City	State		· .				
	Siate	Zip	City	State	Zip		
CONTRACTOR CONTRACTOR			•]zwp		
Cont Name	INTRHODEISLAND	J-DO NOT ALTER-Cha	ार्यक्षेत्रं स्टब्स्याहरू सामान्यस्था । Address				
			Address	TOPAC SCILLING			
FREDERIC A. MARZILLI			685 WADDEN AVENUE	685 WARREN AVENUE			
ddress			City City	<u>E</u>			
			1 -	Zip			
			EAST PROVIDENCE	020	914-		
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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).



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OR SECRETAR	Y OF STAT	E LISE ON	JI V		

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.

Robert S. Palagi, Manager

Print or Type Name of Authorized Person