



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 02904-2600  
401.222.3000

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

1. ID No. 132784		2. Exact name of the limited liability company Palagi Brothers Ice Cream, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANUFACTURING OF ICE CREAM, FROZEN LEMONADE AND THE LIKE	
5. Principal office address 28 DELTA DRIVE		City PAWTUCKET	State RI
		Zip 02860-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name FREDERIC A MARZILLI		Contact Title	
Street Address 685 WARREN AVENUE		City EAST PROVIDENCE	State RI
		Zip 02914-	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY (TABLE CAPTIONED "THE MANAGERS" IN THE REGISTRATION STATEMENT) (SEE INSTRUCTIONS TO REGISTRATION STATEMENT) (ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT R.I.G.L. 7-16-12(a)(2) & 7-16-52)			
Manager Name Robert S. Palagi		Manager Name	
Street Address 25 Lakeshore Drive		Street Address	
City North Attleboro	State MA	City	State
	Zip 02760		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name FREDERIC A. MARZILLI		Address 685 WARREN AVENUE	
Address		City EAST PROVIDENCE	Zip 02914-

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



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\*132784 DLLC 07/31/07 10:10:46 AM\*

File Date 9-7-2010

Check No. 3642

By: mnc

FOR SECRETARY OF STATE USE ONLY

9/7/2010  
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mnc

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 8/31/10  
Signature of Authorized Person Date

Robert S. Palagi, Manager  
Print or Type Name of Authorized Person