



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 02904-2615  
401.222.3040

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

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

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.

1. ID No. <b>152465</b>		2. Exact name of the limited liability company <b>Benvin Family Partners, LLC</b>	
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>INVEST IN AND OWN MEMBERSHIP INTERESTS IN RESTAURANTS.</b>	
5. Principal office address <b>420 Poppasquash Road</b>		City <b>Bristol</b>	State <b>RI</b>
		Zip <b>02809</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>Katherine J. Quinn</b>		Contact Title <b>MEMBER</b>	
Street Address <b>420 Poppasquash Road</b>		City <b>Bristol</b>	State <b>RI</b>
		Zip <b>02809</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>			
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	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 <b>Christopher C. Cassara, Esq.</b>		Address <b>180 South Main Street</b>	
Address <b>PARTRIDGE SNOW &amp; HAHN LLP</b>		City <b>Providence</b>	Zip <b>02903</b>

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**FILED**

SEP 27 2010

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

BY

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
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.

Signature of Authorized Person \_\_\_\_\_ Date \_\_\_\_\_

**Katherine J. Quinn**  
Print or Type Name of Authorized Person