



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Richard Goulds, 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* • **THIS REPORT MUST BE TYPED OR PRINTED EXACTLY IN BLACK INK.**

* 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 filing period ends (R.I.G.L. 7-16-66 (b)(6)) is subject to a penalty fee of \$25.00.

1. ID No. 450042		2. Exact name of the limited liability company JOHNSTON TACO, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Fast food restaurant			
5. Principal office address 45 Walpole Street, Suite 6		City Norwood	State MA	Zip 02062	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Sue Doherty			Contact Title Controller		
Street Address 45 Walpole Street, Suite 6		City Norwood	State MA	Zip 02062	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LEAVE MEMBERS</u> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Roger Lockwood			Manager Name David Lockwood		
Street Address 8 Victoria Circle			Street Address 10 Stenbeck Place		
City Norwood	State MA	Zip 02062	City Scituate	State MA	Zip 02066
Manager Name A. Gordon McKinnon			Manager Name		
Street Address 15 Marjan Drive			Street Address		
City East Bridgewater	State MA	Zip 02333	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-66 (b)(6)					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b)(6)

450042

FILED

File Date

NOV 03 2010

Check No.

By: *[Signature]* 29-130380

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules or statements, and that all statements contained herein are true and correct.

Signature of Authorized Person

David Lockwood

Print or Type Name of Authorized Person