RI SOS Filing Number: 201073017870 Date: 12/30/2010 4:00 PM

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 2008

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.	2. Exact name of the limited liability company		
000142457	J & J's Candy Bar, LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RI	retail sales of candy		
5. Principal office address	City	State	Zip
240 Twin River Road	Lincoln	RI	02903

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Jacob S. Kamborian	Manager		
Street Address	City	State	Zip
sames as above			

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
Jacob S. Kamborian	
Street Address	Street Address
240 Twin River Road	
City / State / Zip: Lincoln / RI / 02903	City / State / Zip:
Manager Name	Manager Name
Street Address	Street Address
City / State / Zip:	City / State / 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	Address	
Christopher D. Colardo		
Address	City	Zip
1481 Atwood Avenue	Johnston	02919

2010 DEC 30 P 3:08

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

[redacted] 000142457 [redacted]

FILED

File Date DEC 30 2010
Check No. By 3445
By:

56780-5-569047 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.

Jacob S. Kamborian 12-29-10
Signature of Authorized Person *Date*

[redacted]

Jacob S. Kamborian
Print or Type Name of Authorized Person

Form 632 Rev. 07/07