



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 2009

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY 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 time prescribed by law (R.I.G.L. 7-16-66 (b)(7c)) is subject to a penalty fee of \$25.00.

1. ID No. 000144101		2. Exact name of the limited liability company Punchbowl LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Handcrafted Baking Mixes			
5. Principal office address 22 Oak Manor Drive		City Barrington		State RI	Zip 02806
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Cynthia Elder			Contact Title		
Street Address 22 Oak Manor Drive		City Barrington		State RI	Zip 02806
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) <input type="checkbox"/>					
Manager Name Robert P. Elder			Manager Name		
Street Address 22 Oak Manor Drive			Street Address		
City Barrington		State RI	Zip 02806	City	
Manager Name			Manager Name		
Street Address			Street Address		
City		State	Zip	City	
City		State	Zip	City	
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. 7-16-11					

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2011 JAN 10 AM 11:21

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

000144101

File Date	FILED
Check No.	JAN 10 2011
By:	<i>[Signature]</i> 134733
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] 1/6/2010
Signature of Authorized Person Date

Robert P. Elder
Print or Type Name of Authorized Person