

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence. RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: June 1 - June 30 • Filing Fee: \$20.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

penaity see of \$25.00.						
1. Corporate ID No.	2. Name of Corporation	LE Mac.	MUAD CASTUL	Franchisco		
272299		717 ( 1/4/16(1)41)	WYDAN OF SIMP	I W N DATI WO	776	
3. State of Incorporation		Rhode Island - Street Address		CRAHSTAN	029	720
5. Foreign corporation, Enter p	rincipal office address		City	State	Zip	
1 '			L'ASTING OPER	ntions	•	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS						
Michael CARDILLO			ShARON ROTUNDIO			
Street Address 151 MORGAM ST.			Sconstitution ST.			
CRANSTON	State R. I.	02920	STUNEHAM	MASS.	Zip	
SARAH E. Sullo			Michael CARDILLO			
Street Address 5 TO BE ANSEH	Road		Street Address 151 MURG	AIY SI	_	
PROV.	R. L.	02910	CRANSTON	R.I.		920
8. NAMES AND ADDRESS	SES OF THE DIRECTO	ORS: ("X" BOX FOR ATTAC	- U	BEFORE USING ATTAC		
THE NUMBER OF DIREC	CTORS OF A DOMEST	TC (RHODE ISLAND)	CORPORATION SHALL NOT	BE LESS THAN THREE	<u>E (3)</u> . R.I	.G.L. 7-6-23
WilhAz (CARDILLO			SHARUM ROTUNGIO			
Street Address 151 MORGAN	ST.		Sireet Address 5 CONSTITU	tion 57.		
CRANSTON	State R.I	02920	STONE hAM	MASS.	Zip	
SARALE,S	uLLO		Director Name		HAY	00 00 00
Street Address 5 To 6 A 145 E	H ROAD		Street Address		<u>~~~</u> 2> ∡;	Series Fig.
PROV.	R.T, IN RHODE ISLAND	02910	City	State		
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
This report m	ust be signed by eithe	r the President, Vice Pre-	sident, Secretary, Assistant S	ecretary, Treasurer, Rece	iver <del>ol</del> Tr	ustee

<u>-</u> -		report, including any accompanying schedules	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all		
ile Date	FILED	statements contained hereth are true and correct	d correct.		
heck No	MAY 23 2011	Signdure of Officer  Michael Carl	Date Date		
Ву:	By (15/14/926	Print or Type Name of Officer PRES' den T			
FOR	SECRETARY OF STATE USE ONLY	Title of Officer	France 621 Pers 00/17		