



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

A. Ralph Mollis, Secretary of State
Corporations Division
108 W. River Street
Providence, RI 02904-2615
(401) 272-3011

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

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)(2)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 000082802		2. Exact name of the limited liability company Scialo Bakery LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island Bakery			
5. Principal office address 257 Atwells Avenue			City Providence	State RI	Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Lois Ellis			Contact Title Member/Manager		
Street Address 257 Atwells Avenue			City Providence	State RI	Zip 02903
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 Lois Ellis			Manager Name Carol Gaeta		
Street Address 515 Ten Rod Road			Street Address 1235 Waterford Drive		
City Exeter	State RI	Zip 02822	City East Greenwich	State RI	Zip 02818
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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. 7-16-11					

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

000082802

FILED

File Date	SEP 07 2011
Check No.	6710
By:	Lois Ellis
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.

Lois Ellis 9/1/11
Signature of Authorized Person Date
Lois Ellis
Print or Type Name of Authorized Person