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 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&c)) is subject to a penalty fee of $25.00.*

1. ID No.	*2. Exact name of the limited liability company*
509782	MAIN STREET DONUTS, LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
RHODE ISLAND	QUICK SERVICE RESTAURANT

5. Principal office address	*City*	*State*	*Zip*
251 SMITH STREET	PROVIDENCE	RI	02908

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

Contact Name	*Contact Title*
JAMES T. LYNCH	

Street Address	*City*	*State*	*Zip*
251 SMITH STREET	PROVIDENCE	RI	02908

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*
DAN'S MANAGEMENT COMPANY, LLC	
Street Address	*Street Address*
251 SMITH STREET	

City	*State*	*Zip*	*City*	*State*	*Zip*
PROVIDENCE	RI	02908			

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

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SECRETARY OF STATE
CORPORATIONS DIV
2011 SEP 21 PM 2:06

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

509782

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.

DAN'S MANAGEMENT COMPANY, LLC

Signature of Authorized Person *Date* 9/8/11

JAMES T. LYNCH, PRESIDENT
Print or Type Name of Authorized Person

FILED
File Date SEP 21 2011
Check No. 152
By: 5 L3
FOR SECRETARY OF STATE USE ONLY
BY
67819-2-595478

Form 632 Rev. 08/08