



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. 121591		2. Exact name of the limited liability company 4 B'S VENDING, LLC.			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Vending machine sales			
5. Principal office address 457 Douglas Avenue		City Providence		State RI	Zip 02908
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name Alfred U. Barbery, Jr.		Contact Title Manager			
Street Address 457 Douglas Avenue		City Providence		State RI	Zip 02908
7. NAME AND ADDRESS OF EACH MEMBER, PARTNER, OR TRUSTEE OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS WHO ARE NON-RESIDENTS OF RHODE ISLAND. (SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM FOR BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Alfred U. Barbery, Jr.		Manager Name			
Street Address 457 Douglas Avenue		Street Address			
City Providence	State RI	Zip 02908	City	State	Zip
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 Orson and Brusini Ltd.					

FILED

SEP 29 2011

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

BY C 2208

File Date	
Check No.	
By	
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 the statements contained herein are true and correct.

Alfred U. Barbery, Jr. 9-7-2011
Signature of Authorized Person Date

Alfred U. Barbery, Jr., Manager

Print or Type Name of Authorized Person