RI SOS Filing Number: 201184131670 Date: 10/14/2011 4:00 PM

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 2010

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

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
104247	Spike's Junkyard Dogs Cranston, LLC

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

5. Principal office address	City	State	Zip
640 RESERVOIR AVE	CRANSTON	RI	02910

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

Contact Name	Contact Title
DAVID DRAKE	MANAGING MEMBER

Street Address	City	State	Zip
391 BUNGY ROAD	NORTH SCITUATE	RI	02857

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	Street Address	City	State	Zip
DAVID DRAKE	391 BUNGY ROAD	NORTH SCITUATE	RI	02857
GEORGE S. WRITER V	40 MAJOR POTTER RD	WARWICK	RI	02886

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
CHARLES S. SOKOLOFF, ESQ	6 BLACKSTONE VALLEY PLACE, SUITE 301	LINCOLN	02865

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
2011 OCT 14 AM 10:26

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

[redacted] 104247 **FILED**

OCT 14 2011

By 154299
08

File Date _____

Check No. _____

By: _____

68570-3-674338
FOR SECRETARY OF STATE USE ONLY

[redacted]

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 of Authorized Person — *Date* 10/12/11

GEORGE S. WRITER

Print or Type Name of Authorized Person

[redacted]

Form 632 Rev. 07/07