



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. 450042		2. Exact name of the limited liability company JOHNSTON TACO, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Fast food restaurant			
5. Principal office address 79 North Main Street			City Mansfield	State MA	Zip 02048
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Sue Doherty			Contact Title Finance Manager		
Street Address 79 North Main Street			City Mansfield	State MA	Zip 02048
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Roger Lockwood			Manager Name David Lockwood		
Street Address 8 Victoria Circle			Street Address 10 Stenbeck Place		
City Norwood	State MA	Zip 02062	City Scituate	State MA	Zip 02066
Manager Name A. Gordon McKinnon			Manager Name		
Street Address 15 Marjorie Drive			Street Address		
City East Providence	State RI	Zip 02912	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).

450042

FILED

File Date	NOV 09 2011
Check No.	By: <u>MMC</u>
By:	051381
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.

David Lockwood 10-12-11  
Signature of Authorized Person Date  
David Lockwood  
Print or Type Name of Authorized Person