



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. 312001		2. Exact name of the limited liability company LEONE CHAPEL SWEETS LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address PO BOX 129		City BLOCK ISLAND	State RI
		Zip 02807	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name JOHN LEONE		Contact Title PRESIDENT	
Street Address PO BOX 129		City BLOCK ISLAND	State RI
		Zip 02807	
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		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
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			

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2012 JAN 31 PM 2:35

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2011 DEC 16 AM 11:32

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2011 DEC -2 AM 11:26

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

312001

FILED

File Date _____

Check No. JAN 31 2012

By: a 162079

BY _____ OR 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.

John Leone ^{PM} 11/1/2011
Signature of Authorized Person Date

JOHN LEONE
Print or Type Name of Authorized Person