



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 2009

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)(7)) is subject to a penalty fee of \$25.00.

1. ID No. <u>157519</u>		2. Exact name of the limited liability company <u>"What's The Scoop" LLC</u>	
3. State of Formation <u>Rhode Island</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>Ice Cream Sales</u>	
5. Principal office address <u>109 Newfield Ave</u>		City <u>Warwick</u>	State <u>RI</u>
			Zip <u>02888</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <u>Ronald Rotondo</u>		Contact Title <u>owner</u>	
Street Address <u>Same as above</u>		City	State
			Zip
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 <u>Same as above</u>		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 FEB - 2 PM 2:09

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

FILED

FEB 02 2012

By: 162370
DR

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.

Ronald Rotondo Dec 30, 2011
Signature of Authorized Person Date
Ronald Rotondo
Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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