RALPH MOIL	State of Rhode Island an Office of the S				ons Fee: \$50.0
Division Of Business Services 148 W. River Street Providence RI 02904-2615					
Peretary of Stat	(401) 2			.5	
_imited Liability C	ompany				
Annual Report Filing Period: Septembe	er 1 - November 1				
ïle its annual report with	G.L. 7-16-66(d), each limited liabil nin thirty (30) days after the time p t to a penalty fee of \$25.00.				to
ANNUAL REPORT YE	AR : <u>2011</u>				
1. ID No. <u>0005342</u>	259				
2. Exact Name of the	Elimited Liability Company <u>Li</u>	ke No I	Jdder,	LLC	
3. State of Formation	n				
State: <u>RI</u>					
Non-dairy ice cream to 5. Principal Office Ad					
No. and Street:	86 JACKSON STREET				
=	WARWICK	State	: <u>RI</u>	Zip: <u>02888</u>	Country: <u>USA</u>
Contact Name: KARE	f Limited Liability Company and <u>EN KRINSKY</u> Contact Title: <u>OWI</u> 86 JACKSON STREET		or Tit	le of Contact P	erson:
-	WARWICK	State	: <u>RI</u>	Zip: <u>02888</u>	Country: <u>USA</u>
7. Name and Address DO NOT LIST MEM	s of Each Manager of the Limit BERS	ed Liab	ility C	ompany, if App	licable.
Title	Individual Name			Add	Iress
MANAGED	First, Middle, Last, Suffix	/	Address, City or Town, State, Zip Code, Country		
MANAGER	KAREN ELIZABETH KRINSKY		86 JACKSON STREET WARWICK, RI 02888 USA		
	IN RHODE ISLAND - DO NOT AL				
Changes Require F	iling of Form 642 - R.I.G.L. 7-16	-11			
KAREN KRINSKY 80	6 JACKSON STREET WARWICK	, <u>RI 028</u>	<u>388</u>		

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

Signed this 14 Day of May, 2012 at 4:29:32 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>KAREN KRINSKY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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