RI SOS Filing Number: 201294408200 Date: 06/29/2012 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the limited liability company		
514893	**YUM YUM PIZZA, LLC**		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
RI	**CARRYOUT PIZZA RESTAURANT**		
5. Principal office address	City	State	Zip
541 SMITH STREET	**PROVIDENCE**	**RI**	**02908**

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

Contact Name	Contact Title		
GABI BAZZI	**MEMBER**		
Street Address	City	State	Zip
541 SMITH STREET	**PROVIDENCE**	**RI**	**02908**

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name		
~~GABI BAZZI~~			
Street Address	Street Address		
~~541 SMITH STREET~~			
City / State / Zip	City	State	Zip
~~PROVIDENCE~~ ~~RI~~ ~~02908~~			
Manager Name	Manager Name		
Street Address	Street Address		
City / State / Zip	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 Form 642.

2012 JUN 29 A 11:06 SECRETARY OF STATE CORPORATIONS DIV.

2012 JUN 15 A 11:06 SECRETARY OF STATE CORPORATIONS DIV.

FILED
JUN 29 2012
By 173931
DS

File Date _____

Check No _____

By: _____

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.

Lynette Scavo — **06/12/2012**
Signature of Authorized Person — Date

LYNETTE SCAVO
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012
79949-3-754009