



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 2011

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. <u>000386839</u>		2. Exact name of the limited liability company <u>Breylin LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Wholesale and marketing company to retail businesses nationwide. No Physical (on site) sales or inventory</u>			
5. Principal office address <u>81 Governor Bradford Dr.</u>		City <u>Barrington</u>		State <u>RI</u>	Zip <u>02806</u>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Robert Jones</u>		Contact Title <u>Manager</u>			
Street Address <u>18 Maple Ave. #104</u>		City <u>Barrington</u>		State <u>RI</u>	Zip <u>02806</u>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name <u>Robert Jones</u>		Manager Name <u>[Signature]</u>			
Street Address <u>[Signature]</u>		Street Address <u>[Signature]</u>			
City <u>[Signature]</u>	State <u>[Signature]</u>	Zip <u>[Signature]</u>	City <u>[Signature]</u>	State <u>[Signature]</u>	Zip <u>[Signature]</u>
Manager Name <u>[Signature]</u>		Manager Name <u>[Signature]</u>			
Street Address <u>[Signature]</u>		Street Address <u>[Signature]</u>			
City <u>[Signature]</u>	State <u>[Signature]</u>	Zip <u>[Signature]</u>	City <u>[Signature]</u>	State <u>[Signature]</u>	Zip <u>[Signature]</u>
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.					

FILE

OCT 20 2011

[Signature]
29-182076

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CORPORATIONS DIV.

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.

Signature of Authorized Person

Robert Jones

Print or Type Name of Authorized Person

10/25/12
Date