

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 20/2

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 firnited liability company 000788570 Pasta Fresca, LLC 4. Brief description of the character of business conducted in Rhode Island 3. State of Formation RI Food- fresh pasta 5. Principal office address City Warwick State 940 Quaker Lane RI 02818 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Andrea Mollicone Owner Street Address City State Zip 940 Quaker Lane Warwick 02818 RI 7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <u>DO NOT LIST MEMBERS</u> ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address Street Address City State City State Zip 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.

	FILED	Under penalty of perjury, I declare and affirm that I i	nave examined
File Date	NOV O T OO	this report, including any accompanying schedules	and statements.
Check NoRY	NOV 0 7 2012	and that all statements contained herein are true an	d correct.
Ву:	1001	Signature of Authorized Person	Date
FOR SECRETARY OF STATE USE ONLY		Andrea Mollicone	
		Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012