

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 2012

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. 540687		2. Exact name of the limited liability company UPPER CRUST BAKERY & CAFE, LLC													
3. State of Formation	4. Brief desc RETAIL E	•	of business conducted in Rhode Island												
5. Principal office address 134 MAIN ST			City WESTERLY	Zip 02891											
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT P	ERSON:											
Contact Name MARY E BELANGE	R		Contact Title MANAGER												
Street Address 134 MAIN ST			City State Zip 0289												
7. LIST <u>all</u> managers ("X" box for attach	(NAMES AND ADD IMENT) [RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS										
Manager Name MARY E BELANGEI	R	<u> </u>	Manager Name												
Street Address 134 MAIN ST			Street Address												
City WESTERLY	State RI	Zip 02891	City	State	Zip										
Manager Name			Manager Name												
Street Address			Street Address												
City	State	Zip	City	City State											
8. RESIDENT AGENT IN F	and the second s														
This information is curre	ntly of record in the	e Office of the Secret	ary of State. Changes require t	iling Form 642.											

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Form No. 632 Revised: 01/2012 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

Date

MARY E BELANGER

Print or Type Name of Authorized Person