



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>551454</u>		2. Exact name of the limited liability company M and M Management LLC			
3. State of Formation RI		4. Brief description of the character of business conducted in Rhode Island Own and Operate A Cold Stone Creamery Ice Cream Shop			
5. Principal office address <u>1000 CHAPEL VIEW BLVD SUITE 134</u>		City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>MAN MOHAN MEHROTRA</u>			Contact Title <u>MANAGING PARTNER</u>		
Street Address <u>1000 CHAPEL VIEW BLVD SUITE 134</u>		City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>MEHIT MEHROTRA</u>		Manager Name			
Street Address <u>1000 CHAPEL VIEW BLVD MOHIT MEHROTRA SUITE 134</u>		Street Address			
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	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

DEC 21 2012

BY CL 186143 3:17

2012 DEC 21 PM 3:17
 SECRETARY OF STATE
 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.

Man Mohan Mehrotra
 Signature of Authorized Person

12/20/12
 Date

MAN MOHAN MEHROTRA
 Print or Type Name of Authorized Person