

## 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. 529157	2. Exact na SWEET	Exact name of the limited liability company     SWEET TREATS, LLC							
<u>525   57</u>	:								
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island							
Rhode island	Retail ca	indy and confe	ctionary store and all other	lawful purpose	s				
5. Principal office address 5000 South County	Trail, Unit H		City Charlestown	State RI	Zip <b>02813</b>				
6. MAILING ADDRESS OF	LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON:					
Contact Name Albert E. Reynolds			Contact Title						
Street Address 5000 South County	Γrail, Unit Η		City Charlestown	City State RI					
Company Control of the Control of th	<del></del>				02813				
7. LIST <u>all</u> managers ( 'X" box for attach!	NAMES AND ADI	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF						
1 A DOM OIL ALIAONI	NAMES AND ADI	PRESSES) OF THE							
Manager Name	NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY, IF						
Manager Name Street Address	NAMES AND ADD	Zip	LIMITED LIABILITY COMPANY, IF						
Manager Name Street Address City			Manager Name  Street Address	APPLICABLE - <u>DO</u>	NOT LIST MEMBER				
Manager Name  Street Address  City  Manager Name			Manager Name  Street Address  City	APPLICABLE - <u>DO</u>	NOT LIST MEMBER				
Manager Name  Street Address  City  Manager Name  Street Address			LIMITED LIABILITY COMPANY, IF  Manager Name  Street Address  City  Manager Name	APPLICABLE - <u>DO</u>	NOT LIST MEMBER				
7. CIST ALL MANAGERS ( ('X" BOX FOR ATTACH! Manager Name  Street Address  City  Manager Name  Street Address  City  City  RESIDENT AGENT IN RE	State	Zip	Manager Name  Street Address  City  Manager Name  Street Address	State	Zip				

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FOR SECRETARY OF STATE USE ONLY

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

02-07-13 Date

ALBOY E. NOYNOW

Print or Type Name of Authorized Person