



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** 2010

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.

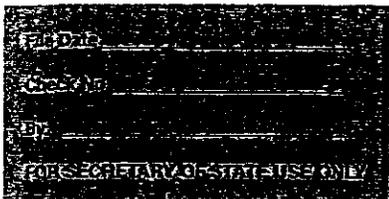
1. Entity ID No. <b>507441</b>		2. Exact name of the limited liability company <b>THE PIZZA + CATERING GOURMET LLC.</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>SELLING OF PIZZA + CATERING SERVICES</b>			
5. Principal office address <b>333 STRAWBERRY FIELD ROAD</b>		City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name <b>JOSHUA WILLEY</b>		Contact Title <b>OWNER</b>			
Street Address <b>333 STRAWBERRY FIELD RD</b>		City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY IF APPLICABLE - DO NOT LIST MEMBERS. (CHECK BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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

JAN 16 2013

BY 0187739  
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CORPORATIONS DIV



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]*  
 Signature of Authorized Person Date **1/16/13**

**DAVID R. GOULART**  
 Print or Type Name of Authorized Person