

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. 133484		2. Exact name of the limited liability company Certified Restaurant Equipment Service LLC					
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island					
Rhode Island		Commercial Restaurant Equipment Service & Leasing and all activities lawful within this chapter					
5. Principal office address 54 Spring Street			City Pawtucket	State RI	Zip 02861		
6. MAILING ADDRESS O	FLIMITED LIABILIT	Y COMPANY AND NA	ME OF TITLE OF CONTACT F	PERSON:	der von Element Pari Marchinetier Springer Berger		
Contact Name Mandy Clark			Contact Title Manager				
Street Address 54 Spring Street			City Pawtucket	State RI	^{Zip} 02861		
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACI		RESSES) OF THE LIF	MITED LIABILITY COMPANY, I	F APPLICABLE - <u>Do</u>	NOT LIST MEME	ERS	
Manager Name Mandy Clark			Manager Name				
Street Address 54 Spring Street			Street Address				
City Pawtucket	State RI	Zip 02861	City	State	Zip		
Manager Name		-	Manager Name	,			
Street Address			Street Address				
City	State	Zip	City	State	= == ⊂	SEC	
3. RESIDENT AGENT IN	ALTO CONTRACTOR DE LA PERSONA DE LA CONTRACTOR DE LA CONT				2 C	žm.	
his information is curre	ntly of record in the	Office of the Secret	ary of State. Changes require	filing Form 642.			
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Detector or of 147	e de de de de de d		Under penalty of pe	rjury, I declare and at	firm that I have exa	amined	

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Trint or Type Name of Authorized Person

Form No. 632 Revised: 01/2012