

## 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

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

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.

I. Entity ID No.	2. Exact name of the limited liability company Certified Restaurant Equipment Service LLC				
133484		•			
. State of Formation	4. Brief description of the character of business conducted in Rhode Island  Commercial Restaurant Equipment Service & Leasing and all activities lawful within				
Rhode Island	this chap		quipment Service & Lea	ising and an activ	illes lawiul within
i. Principal office address 54 Spring Street			City Pawtucket	State <b>RI</b>	Zip <b>02861</b>
	LIMITED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT P	PERSON:	
Contact Name Wayne Clark			Contact Title Manager		
Street Address 54 Spring Street			City Pawtucket	State RI	Zip <b>02861</b>
		RESSES) OF THE LI	UITED LIABILITY COMPANY, II	FAPPLICABLE JOO	NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT)   Manager Name  Wayne Clark			Manager Name		
Street Address 54 Spring Street			Street Address		
<sup>ity</sup> Pawtucket	State <b>RI</b>	Zip 02861	City	State	Zip
Manager Name			Manager Name		
street Address			Street Address		
ity	State	Zip	City	State	Zip
RESIDENT AGENT IN RI	HODE ISLAND				23 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
	No. 14. The contract of the co	Office of the Secret	ary of State. Changes require	filing Form 642.	
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File Date			this report, including	g any accompanying	firm that I have examine schedules and stateme
			and that all statemen	nts contained herein	are true and correct.
Check No	· · · · · · · · · · · · · · · · · · ·		Signature of Authorize	ed Person	5/20 // Date
FOR SECRETARY OF ST	ATE USE ONLY		Wayne		
		4	Print or Type Name of	f Authorized Person	

Form No. 632 Revised: 01/2012