



**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 **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.

|   |                    |   |                                 |                    |                     |
|---|--------------------|---|---------------------------------|--------------------|---------------------|
| 1. Entity ID No.<br><b>133484</b>   |                    | 2. Exact name of the limited liability company<br><b>Certified Restaurant Equipment Service LLC</b>   |                                 |                    |                     |
| 3. State of Formation<br><b>Rhode Island</b>  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Commercial Restaurant Equipment Service &amp; Leasing and all activities lawful within this chapter</b> |                                 |                    |                     |
| 5. Principal office address<br><b>54 Spring Street</b>  |                    |   | City<br><b>Pawtucket</b>        | State<br><b>RI</b> | Zip<br><b>02861</b> |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>   |                    |   |                                 |                    |                     |
| Contact Name<br><b>Wayne Clark</b>  |                    |   | Contact Title<br><b>Manager</b> |                    |                     |
| Street Address<br><b>54 Spring Street</b>   |                    |   | City<br><b>Pawtucket</b>        | State<br><b>RI</b> | Zip<br><b>02861</b> |
| <b>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"/></b> |                    |   |                                 |                    |                     |
| Manager Name<br><b>Wayne Clark</b>  |                    |   | Manager Name                    |                    |                     |
| Street Address<br><b>54 Spring Street</b>   |                    |   | Street Address                  |                    |                     |
| City<br><b>Pawtucket</b>  | State<br><b>RI</b> | Zip<br><b>02861</b>   | City                            | State              | Zip                 |
| Manager Name  |                    |   | Manager Name                    |                    |                     |
| Street Address  |                    |   | Street Address                  |                    |                     |
| City  | State              | Zip   | City                            | State              | Zip                 |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>  |                    |   |                                 |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |                    |   |                                 |                    |                     |

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 JUN 14 AM 9:45

**FILED**  
 JUN 14 2013 9:45 AM  
 By 199420  
 KM

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.

Wayne Clark 5/20/13  
 Signature of Authorized Person Date

Wayne Clark  
 Print or Type Name of Authorized Person

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_

**FOR SECRETARY OF STATE USE ONLY**