



**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 2013**

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>511262</b>		2. Exact name of the limited liability company <b>S&amp;D EDDY, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>to operate a donut shop</b>			
5. Principal office address <b>115 Woodward Avenue</b>		City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882-0000</b>	
6. HOME ADDRESS OF LIMITED LIABILITY COMPANY AND NAME AND TITLE OF CONTACT PERSON					
Contact Name <b>Steven Gabellieri</b>		Contact Title <b>Member</b>			
Street Address <b>115 Woodward Avenue</b>		City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882-0000</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"/>					
Manager Name <b>Steven Gabellieri</b>		Manager Name			
Street Address <b>115 Woodward Avenue</b>		Street Address			
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	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**

AUG 09 2013

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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.

*Steven Gabellieri* 09/01/2013  
 Signature of Authorized Person Date

**Steven Gabellieri**  
 By: \_\_\_\_\_  
 Print or Type Name of Authorized Person

**Member**