

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 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.	2. Exact nas	Exact name of the limited liability company WILD HARVEST BREADS AND CAFE, LLC				
541944	WILD HA					
3. State of Formation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	VICTUAL	VICTUALLING				
5. Principal office address 5600 POST ROAD, UNIT 120		City EAST GREENWICH	State RI	Zip 02818		
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PERS	ON:		
Contact Name ERICA L MADDALEN), UNIT 120 RS (NAMES AND ADDRESSES) OF THE	Contact Title MEMBER	MEMBER			
Street Address 5600 POST ROAD, UNIT 120			City EAST GREENWICH	State RI	Zip 02818	
7. LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACHI		1881 ag . 14 Mil 1848 ag 8 8 1 1 8 2 1 1 1 2 2 2 2 2 2 2 2 2 2 2	11,00001,00001,00001,000000000000000000		NOT LIST MEMBERS	
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 RI	Application of the state of the				The second secon	
This information is current	tly of record in the	Office of the Seci	retary of State. Changes require filing	Form 642.		
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Form No. 632 Revised: 01/2012 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 of Authorized Person ERICA L MADDALENA

Print or Type Name of Authorized Person