



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street, Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013
Filing Period: September 1 - November 1 • Filing Fee: \$50.00

1. ID No. 132784		2. Exact name of the limited liability company Palagi Brothers Ice Cream, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MANUFACTURING OF ICE CREAM, FROZEN LEMONADE AND THE LIKE			
5. Principal office address 28 DELTA DRIVE			City PAWTUCKET	State RI	Zip 02860-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name FREDERIC A MARZILLI			Contact Title		
Street Address 685 WARREN AVENUE			City EAST PROVIDENCE	State RI	Zip 02914-
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE IN SPACES BEFORE USING ATTACHMENTS (SEE BOARD OF REGISTRATION) [] ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT (R.I.C.L. 7-16-12 (a)(2) 7-16-12)					
Manager Name Robert S. Palagi			• Manager Name		
Street Address 25 Lakeshore Drive			• Street Address		
City North Attleboro	State MA	Zip 02760	City	State	Zip
Manager Name			• Manager Name		
Street Address			• Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 642 (R.I.C.L. 7-16-11)					
Agent Name FREDERIC A. MARZILLI			Address 685 WARREN AVENUE		
Address			City EAST PROVIDENCE	Zip 02914-	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED



SEP 13 2013

By MME
CA# 1388

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.

Robert S. Palagi 9/8/13
Signature of Authorized Person Date

Robert S. Palagi, Manager
Print or Type Name of Authorized Person

132784 DLEC 07/31/07 10:10:46 AM
File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY