



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. 613276		2. Exact name of the limited liability company BELUGA FROYO, LLC									
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island SALES OF FROZEN YOGURT AND ACCESSORY ITEMS INCLUDING FOOD OR CLOTHING.									
5. Principal office address 34 JULIA COURT				City	PORTSMOUTH	State	RI	Zip	02871		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:											
Contact Name EDWARD KENT					Contact Title MANAGER						
Street Address 34 JULIA COURT				City	PORTSMOUTH	State	RI	Zip	02871		
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 RITA KENT				Manager Name CHANDRA KENT							
Street Address 34 JULIA COURT				Street Address 34 JULIA COURT							
City	PORTSMOUTH	State	RI	Zip	02871	City	PORTSMOUTH	State	RI	Zip	02871
Manager Name EDWARD KENT				Manager Name							
Street Address 34 JULIA COURT				Street Address							
City	PORTSMOUTH	State	RI	Zip	02871	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

File Date: OCT 09 2013
 Check No: _____
 By: 6058
FOR SECRETARY OF STATE USE ONLY

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.

Edward Kent 10/8/13
 Signature of Authorized Person Date

EDWARD KENT, MANAGER
 Print or Type Name of Authorized Person