



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:	BY <u>6058</u>
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