

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.	2. Exact na	2. Exact name of the limited liability company				
174438	AYALA	A ENTERPRISES	, LLC			
3. State of Formation	4. Brief des	cription of the characte	er of business conducted in Rhode Is	land		
RHODE ISLAND	Pizz	Pizza and restaurant business.				
5. Principal office address			City	State	Zip	
601 Smithfield Avenue			Pawtucket	RI	02860	
6. MAILING ADDRESS OF LIM	TED LIABILI	TY COMPANY AND N	AME OR TITLE OF CONTACT PER	SON:		
Contact Name			Contact Title	Contact Title		
Douglas A. Ayala			Member	Member		
Street Address			City	State	Zip	
601 Smithfield Avenue			Pawtucket	RI	02860	
7. LIST <u>ALL</u> MANAGERS (NAN ("X" BOX FOR ATTACHMEN		RESSES) OF THE L	IMITED LIABILITY COMPANY, IF A	PPLICABLE - <u>DO N</u>	OT LIST MEMBERS	
Manager Name			Manager Name	Manager Name		
None.						
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name	. .		Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RHODI	E ISLAND			I		
This information is currently of	record in the	Office of the Secret	ary of State. Changes require filing	g Form 642.		

FILED

NOV 2 7 2013

BY	Under penalty of perjury, I declare and affirm that I have examined	
File Date	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.	
Check No	Will 11 1/9/13	
By:	Signature of Authorized Person Date	
FOR SECRETARY OF STATE USE ONLY	DOUGLAS A. AYALA Print or Type Name of Authorized Person	

Form No. 632 Revised: 01/2012