

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

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

1. ID No. 150942	2. Exact name of the lim	& ICE CREAM, LLC					
3. State of Formation			business which is actually conducted in Ri	hode Island			
RHODE ISLAND	COFFEE AND	D ICE CREAM SHOP					
5. Principal office address 701 Boston Neck Road			City North Kingstown	State RI		<i>Zip</i> 02852	
	हरकेर सम्बद्धा है।	्राक्ष्मका वर्षात्र हा क्रिक्सिंग		A TELEPOOR	प्रमुख्य है <u>ग</u>		
Contact Name NIKOLIN LUCAJ	· 		Contact Title MEMBER City				
Street Address	Street Address 701 Boston Neck Road			State RI		Zip 02852	
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Agent Name DAVID DIPALMA, Address	, ESQ.		Address  City		Zip	7	
Agent Name DAVID DIPALMA,	, ESQ.		Address				
Agent Name DAVID DIPALMA, Address 138 WARREN AVE	, ESQ. ENUE		Address  City		Zip	_	
Agent Name  DAVID DIPALMA, Address  138 WARREN AVE	, ESQ. ENUE	orized person pursua <b>Fil</b> JUN 1	Address  City  EAST PROVIDENCE  Ont to R.I.G.L. 7-16-66 (b).  ED  Under penalty of perjury,	I declare and a	Zip 02914	PM 3: 27	
Agent Name DAVID DIPALMA, Address  138 WARREN AVE  This report must be	, ESQ. ENUE	orized person pursua Fil JUN 1	Address  City  EAST PROVIDENCE  Ont to R.I.G.L. 7-16-66 (b).  ED  Under penalty of perjury,	I declare and a accompanying ntained herein	Zip 02914  offirm that I g schedules a	PM 3: 27	
Agent Name DAVID DIPALMA, Address 138 WARREN AVE  This report must be  1 *150942 DLLC 10 File Date	ENUE  executed by an auth  or of the second	orized person pursua <b>Fil</b> JUN 1	City EAST PROVIDENCE  1 2014 Under penalty of perjury, this report, including any and that all statements co	I declare and a accompanying nationed herein	2ip 02914 offirm that I s schedules a are true and	have examined and statements, correct.	