

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

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.

2014

| 1. Entity ID No. | 2. Exact nar | ne of the limited liability | company | | | |
|--|--------------------------|--|--|-------------------------|------------------|--|
| 511265 | S&D P | S&D PONTIAC, LLC | | | | |
| . State of Formation Rhode Island | | Brief description of the character of business conducted in Rhode Island to operate a donut shop | | | | |
| 5. Principal office address 115 Woodward Avenue | | | City Narragansett | State RI | Zip 02882-0000 | |
| MAILING ADDRESS OF | LIMITED LIABILIT | Y COMPANY AND NA | ME OR TITLE OF CONTACT PER | ISON: | | |
| Contact Name Steven Gabellieri | | | Contact Title Manager | | | |
| Street Address 115 Woodward Avenue | | | Oity Narragansett | State RI | Zip 02882-0000 | |
| LIST <u>ALL</u> MANAGERS (("X" BOX FOR ATTACHI | NAMES AND ADD MENT) [| RESSES) OF THE LIM | ITED LIABILITY COMPANY, IF A | PPLICABLE - <u>DO I</u> | NOT LIST MEMBERS | |
| Manager Name Steven Gabellieri | | | Manager Name | | | |
| Street Address 115 Woodward Avenue | | | Street Address | | | |
| Narragansett | State RI | Zip 02882 | City | State | Zip | |
| anager Name | | | Manager Name | | | |
| Street Address | | | Street Address | | | |
| ty | State | Zip | City | State | Zip | |
| RESIDENT AGENT IN RI | | | | | | |
| is information is curren | tly of record in the | Office of the Secreta | ry of State. Changes require filing | ng Form 642. | | |
| | | | FILED | | | |
| | | | AUG 2 0 2014 | | | |
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| | | | | BY | 101 | |
| | | | | | | |
| File Date | | | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct. | | | |
| Check No | | | SE-S | ille | 09/01/20 | |
| Ву: | | | Signature of Authorized P | | Date | |
| FOR SECRETARY OF STATE USE ONLY | | | Steven Gabellieri | | | |
| | | | Print or Type Name of Authorized Person | | | |
| | | | Manager | | | |

Form No. 632 Revised: 01/2012