

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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2014

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 name	of the limited liability	company			
511263	S&D PA	S&D PARK, LLC				
3. 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	
	MITED LIABILITY	COMPANY AND NAI	ME OR TITLE OF CONTACT PER	SON:		
Contact Name Steven Gabellieri			Contact Title Manager			
Street Address 115 Woodward Avenue			City Narragansett	State RI	Zip 02882-0000	
LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHME	MES AND ADDR	ESSES) OF THE LIM	ITED LIABILITY COMPANY, IF A	PPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Steven Gabellieri			Manager Name			
Street Address 115 Woodward Avenue			Street Address			
^{ity} Narragansett	State RI	Zip 02882	City	State	Zip	
anager Name			Manager Name			
itreet Address			Street Address			
ty	State	Zip	City	State	Zip	
RESIDENT AGENT IN RHO	DE ISLAND		//////////////////////////////////////			
		Office of the Secreta	ry of State. Changes require filir	ng Form 642.		
			AUG 2 0 2014			
Eile Date			Under penalty of perjury this report, including an			
File Date			and that all statements		re true and correct.	
			Signature of Authorized P		09/01/20 Date	
Ву:			Steven Gabellieri	=: = = ::	Juio	
FOR SECRETARY OF STATE USE ONLY			Print or Type Name of Authorized Person Manager			

Form No. 632 Revised: 01/2012