RI SOS Filing Number: 201445404240 Date: 09/05/2014 4:00 PM

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 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		
114423	HOT SPOT, LLC.		
3. State of Formation: Rhode Island	4. Brief description of the character of business conducted in Rhode Island: to operate a donut shop		
5. Principal office address: 3781 Mendon Road	City: Cumberland	State: RI	Zip: 02864-0000
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name: Demetrius D. Sampalis	Contact Title: Manager		
Street Address: 3781 Mendon Road	City: Cumberland	State: RI	Zip: 02864-0000
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name: Demetrius D. Sampalis	Manager Name: Valerie B. Sampalis		
Street Address: 11 Betsy Williams Circle	Street Address: 11 Betsy Williams Circle		
City: Johnston / State: RI / Zip: 02919	City: Johnston / State: RI / Zip: 02919		
Manager Name: Dennis J. Sampalis	Manager Name:		
Street Address: 11 Betsy Williams Circle	Street Address:		
City: Johnston / State: RI / Zip: 02919	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
SEP 05 2014
BY 12516

File Date _____
Check No _____
By: _____
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.

Dmitri Empakis — 09/01/2014
Signature of Authorized Person — Date

Demetrius D. Sampalis
Print or Type Name of Authorized Person

Manager

Form No. 632
Revised: 01/2012
110751-47-944678