

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.

Street Address Street Address 11 Betsy Williams Circle	1. Entity ID No.	2. Exact na	2. Exact name of the limited liability company				
Rhode Island to operate a donut shop 5. Principal office address 3781 Mendon Road Contact Name Demetrius D. Sampalis Street Address 3781 Mendon Road 7. List at Langer Rame S AND ADDRESSES) OF THE Langer Name Valerie B. Sampalis Street Address 11 Betsy Williams Circle City Johnston State RI Zip 02864-0000 City Cumberland State RI Zip 02864-0000 Manager Name Valerie B. Sampalis Street Address 11 Betsy Williams Circle City Johnston State RI Zip 02919 City Johnston State RI Zip 02919 City Johnston State RI Zip 02919 Street Address 11 Betsy Williams Circle Street Address 11 Betsy Williams Circle Street Address Street Address State RI Zip 02919 Manager Name Street Address Street A	114423	HOT S	HOT SPOT, LLC.				
3781 Mendon Road Cumberland RI 02864-0000 Contact Name Demetrius D. Sampalis Contact Tille Manager City Cumberland State RI 2ip 02864-0000 7. LIST ALL MANAGERS (MANES AND ADDRESSES) OF THE LIMITED LABRITY COMPANY, F APPLICABLE - DO NOT LIST MEASES TO STORY FOR ATTACHMENT) Manager Name Demetrius D. Sampalis Street Address 11 Betsy Williams Circle City Johnston State RI Zip 02919 City Johnston Manager Name City Johnston State RI Zip 02919 Manager Name Street Address 11 Betsy Williams Circle City Johnston State RI Zip 02919 Manager Name City Johnston State RI Zip 02919 City Johnston State City Johnston State RI Zip 02919 City Johnston State RI Zip 02919 City State Zip 02919 RIBETSY Williams Circle City Johnston State RI Zip 02919 City State Zip Zip 02919							
Contact Title Manager Street Address 3781 Mendon Road City Cumberland State RI City Cumberland State RI City Cumberland State RI City Cumberland City Cumberland State RI Ci							
Street Address 3781 Mendon Road City Cumberland State Zip 02864-0000	e and the figuress of	Limited Limited	IT CONFANT AND HA	HE OR THE OF CONSACT PE	RSCM:		
Cumberland RI 02864-0000							
Manager Name Demetrius D. Sampalis Demetrius D. Sampalis Street Address 11 Betsy Williams Circle State RI Demetrius D. State Zip Demetrius D. State Demetrius D. State Demetrius D. State				City Cumberland		Zip 02864-0000	
Street Address Street Address 11 Betsy Williams Circle			ORESSES) OF THE LIN	ITED LIABILITY COMPANY, IF A	PPLICABLE - DO	NOT LIST MEMBERS	
The Betsy Williams Circle City Johnston State RI Zip 02919 Manager Name Dennis J. Sampalis Street Address 11 Betsy Williams Circle Street Address 11 Betsy Williams Circle City Johnston Street Address 11 City State Zip 02919 City State Zip 02919 A PESIDENT AGENT IN RHODE ISLAND	Manager Name Demetrius D. Sampalis						
Manager Name Dennis J. Sampalis Street Address 11 Betsy Williams Circle City Johnston State RI Zip 02919 City State Zip Zip 02919				11 Betsy Williams Circle			
Street Address 11 Betsy Williams Circle City Johnston State RI Zip 02919 City State Zip A PESIDENT AGENT IN PHODE ISLAND	City Johnston		Zip 02919	City Johnston	State	Zip 02919	
11 Betsy Williams Circle City Johnston State RI Zip 02919 City State Zip 2. FIESDENT AGENT IN RHODE ISLAND	Manager Name Dennis J. Sampalis			Manager Name			
8. RESIDENT AGENT IN RHODE ISLAND	Street Address 11 Betsy Williams Circle			Street Address			
	City Johnston	State RI	Zip 02919	City	State	Zip	
This information is currently of record in the Office of the Secretary of State, Changes require filing Form 642.	A. RESIDENT AGENT IN R	HODE ISLAND				.	
	This information is curren	tly of record in th	e Office of the Secreta	ry of State. Changes require fili	ng Form 642.		

FILED

SEP 0 5 2014

Check No _____

FOR SECRETARY OF STATE USE ONLY

Form No. 632 Revised: 01/2012 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.

Signature of Authorized Person

09/01/2014 Date

Demetrius D. Sampalis

Print or Type Name of Authorized Person

Manager