



**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.<br><b>000170554</b>  |       | 2. Exact name of the limited liability company<br><b>VB PIZZA LLC</b>                          |                    |                     |     |
| 3. State of Formation<br><b>RHODEISLAND</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>PIZZERIA</b> |                    |                     |     |
| 5. Principal office address<br><b>1526SMITH STREET</b>  |       | City<br><b>NORTH PROVIDENCE</b>  | State<br><b>RI</b> | Zip<br><b>02911</b> |     |
| <b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>   |       |  |                    |                     |     |
| Contact Name<br><b>GOKHAN VURAL</b>   |       | Contact Title  |                    |                     |     |
| Street Address<br><b>1526SMITH STREET</b>   |       | City<br><b>NORTH PROVIDENCE</b>  | State<br><b>RI</b> | Zip<br><b>02911</b> |     |
| <b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b> |       |  |                    |                     |     |
| Manager Name  |       | Manager Name   |                    |                     |     |
| Street Address  |       | Street Address   |                    |                     |     |
| City  | State | Zip  | City               | State               | Zip |
| Manager Name  |       | Manager Name   |                    |                     |     |
| Street Address  |       | Street Address   |                    |                     |     |
| City  | State | Zip  | City               | State               | Zip |
| <b>8. RESIDENT AGENT IN RHODE ISLAND</b>  |       |  |                    |                     |     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.   |       |  |                    |                     |     |

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BY **YL233339**  
**4.11**

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: *Gokhan Vural* Date: **09/25/2014**  
**GOKHAN VURAL**  
 Print or Type Name of Authorized Person