

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. 855864	2. Exact name of the limited liability company Ivy Emms Bakery, LLC					
3. State of Formation	Brief description of the character of business conducted in Rhode Island Bakery					
5. Principal office address 47 8th Street			City Providence	State RI	Zip 02906	
S.NAILING ADDRESS OF	LIMITED CIABILITY	TY COMPANY AND N	AME OR THE DECONTACT R	ERSON TO		
Contact Name James A. Briden			Contact Title Registered Agent			
Street Address 150 Main Street			City Pawtucket	State RI	Zip 02862	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI	RESSES) OF THE LI	MITED LIABILITY COMPANY, IF	APPLICABLE- DO	NOT LIST MEMBERS	
Manager Name Amanda Hindle			Manager Name Vicki Cavanaugh			
Street Address 21 Pine Swamp Rd			Street Address 47 8th Street			
City Cumberland	State RI	Zip 02864	City Providence	State RI	Zip 02906	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
RESIDENT AGENT IN R				70 January		
his information is curren	tly of record in the	Office of the Secreta	ary of State. Changes require fi	ling Form 642		

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File Date			
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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

Vicki Cavanaugh

Print or Type Name of Authorized Person