



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

|                                                                                                                                                                                                               |       |                                                                                                                                                                                                           |              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1. ID No.<br>131053                                                                                                                                                                                           |       | 2. Exact name of the limited liability company<br>CONEHEADS, LLC                                                                                                                                          |              |
| 3. State of Formation<br>Rhode Island                                                                                                                                                                         |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Retail business of ice cream, dairy products and other sundries, operate wholesale of retail outlets |              |
| 5. Principal office address<br>33 Edward Avenue                                                                                                                                                               |       | City<br>East Providence                                                                                                                                                                                   | State<br>RI  |
|                                                                                                                                                                                                               |       | Zip<br>02916                                                                                                                                                                                              |              |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                                                          |       |                                                                                                                                                                                                           |              |
| Contact Name<br>Kenneth Schneider                                                                                                                                                                             |       | Contact Title                                                                                                                                                                                             |              |
| Street Address<br>33 Edward Avenue                                                                                                                                                                            |       | City<br>East Providence                                                                                                                                                                                   | State<br>RI  |
|                                                                                                                                                                                                               |       | Zip<br>02916                                                                                                                                                                                              |              |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                                                                                                                           |              |
| Manager Name                                                                                                                                                                                                  |       | Manager Name                                                                                                                                                                                              |              |
| Street Address                                                                                                                                                                                                |       | Street Address                                                                                                                                                                                            |              |
| City                                                                                                                                                                                                          | State | Zip                                                                                                                                                                                                       | City         |
| State                                                                                                                                                                                                         | Zip   | City                                                                                                                                                                                                      | State        |
| Manager Name                                                                                                                                                                                                  |       | Manager Name                                                                                                                                                                                              |              |
| Street Address                                                                                                                                                                                                |       | Street Address                                                                                                                                                                                            |              |
| City                                                                                                                                                                                                          | State | Zip                                                                                                                                                                                                       | City         |
| State                                                                                                                                                                                                         | Zip   | City                                                                                                                                                                                                      | State        |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11                                                                                                      |       |                                                                                                                                                                                                           |              |
| Agent Name<br>Paul Silva                                                                                                                                                                                      |       | Address<br>674 Hope Street                                                                                                                                                                                |              |
| Address<br>fg                                                                                                                                                                                                 |       | City<br>Bristol                                                                                                                                                                                           | Zip<br>02809 |

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**FILED**

131053

JUL 17 2015

BY 2940

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

Date 7/14/15

Print or Type Name of Authorized Person Kenneth Schneider

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_

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