

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

2015

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 nar	Exact name of the limited liability company				
511262	S&D E	S&D EDDY, LLC				
3. State of Formation Rhode Island	!	Brief description of the character of business conducted in Rhode Island to operate a donut shop				
5. Principal office address 115 Woodward Avenue			City Narragansett	State RI	Zip 02882-0000	
6. MAILING ADDRESS OF	LIMITED LIABILIT	Y COMPANY AND NAT	ME OR TITLE OF CONTACT PER	SON:		
Contact Name Steven Gabellieri			Contact Title Manager			
Street Address 115 Woodward Avenue			City Narragansett	State RI	Zip 02882-0000	
7. LIST ALL MANAGERS ("X" BOX FOR ATTACH			ITED LIABILITY COMPANY, IF AF	PLICABLE - DO N		
Manager Name Steven Gabellieri			Manager Name			
Street Address 115 Woodward A	venue		Street Address			
City Narragansett	State RI	Zip 02882	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND					
This information is curren	itly of record in the	Office of the Secretar	y of State, Changes require filing	g Form 642.		

FILED

AUG 1 9 2015

BY .3434

File Date	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.		
Check No	M-Alli-	09/01/2015	
Bv:	Signature of Authorized Person	Date	
	Steven Gabellieri		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Manager

Form No. 632 Revised: 01/2012