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. 797110	2. Exact name of the limited liability company DOLCI DAL CUORE, LLC		
3. State of Formation RI	4. Brief description of the character of business conducted in Rhode Island CATERING, BAKERY AND PROMOTION		
5. Principal office address 226 SOUTH MAIN STREET	City PROVIDENCE	State RI	Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name DEBORA LEPORE	Contact Title MANAGER		
Street Address 226 SOUTH MAIN STREET	City PROVIDENCE	State RI	Zip 02903

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name DEBRA LEPORE			Manager Name		
Street Address 226 SOUTH MAIN STREET			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

FILED
OCT 07 2015
BY 9353

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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 10/5/15

DEBORA LEPORE
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012
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