

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. 154137		2. Exact name of the limited liability company ANNA D., LLC				
3. State of Formation RHODE ISLAND	1	4. Brief description of the character of business conducted in Rhode Island COFFEE SHOP				
5. Principal office address 192 IMMOKOLEE DRIVE			City PORTSMOUTH	State RI	Zip 02871	
6. MAILING ADDRESS C	OF LIMITED LIABILE	TY COMPANY AND	NAME OF TITLE OF CONTACT	PERSON:		
Contact Name ANNA DIMATTINO			Contact Title MEMBER			
Street Address 192 IMMOKOLEE DRIVE			City PORTSMOUTH	State RI	Zip 02871	
7. LIST <u>ALL</u> MANAGER ("X" BOX FOR ATTAC		RESSES) OF THE	LIMITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name N/A			Manager Name N/A			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name N/A			Manager Name N/A			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN			This was the second of the sec		High are an in the Property	
This information is curr	ently of record in th	e Office of the Sec	retary of State. Changes require	filing Form 642.		
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Please mail signed report and \$50.00 filing fee to: Office of the Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

+orm 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.

Gran Tarkh Signature of Authorized Person

10/9/15 Date

ANNA DIMATTINO, MEMBER

Print or Type Name of Authorized Person