

STATE OF RHOLE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretar of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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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. 82802		2. Exact name of the limited liability company Scialo Bakery LLC				
3. State of Formation	4. Brief desc Bakery	Brief description of the character of business conducted in Rhode Island Bakery				
5. Principal office address 257 Atwells Avenue			City Providence	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA Contact Name Lois Ellis			ME OR TITLE OF CONTACT PERSON: Contact Title Member/Manager			
Street Address 257 Atwells Avenue			City Providence	State RI	Zip 02903	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE LIN	MITED LIABILITY COMPANY, IF A	PPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Lois Ellis			Manager Name Carol Gaeta			
Street Address 515 Ten Rod Road			Street Address 1235 Waterford Drive			
City Exeter	State RI	Zip 02822	City East Greenwich	State RI	Zip 02818	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN R	HODE ISLAND					
This information is currer	ntly of record in the	e Office of the Secreta	ary of State. Changes require fili	ng Form 642.		

	Under penalty of perjury, I declare and affirm that I have examined			
File Date	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Check No	USEL	10/22/15		
Ву:	Signature of Authorized Person	Date		
FOR SECRETARY OF STATE USE ONLY	Lois Ellis			
TOTAL OF OTHER	Print or Type Name of Authorized Person			

OCT 2 & 2015

Form No. 632 Revised: 01/2012