None of the last o

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016
Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- -> Penalty: Additional \$25.00 fee if form is not filed by December 1.

	T						
1. Entity ID Number		2. Exact name of the Limited Liability Company					
136172	PASTRY	PASTRY LAND REALTY, LLC					
3. State of Formation	4. Brief descrip	4. Brief description of the character of business conducted in Rhode Island					
Rhode Island	to own and	to own and manage real estate					
5. Principal Office Address 19 Sanderson Road			City	Smithfield	State R1	Zip 02917-0000	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Carlo Conti			Conta	act Title Member			
Street Address 19 Sanderson Road			City	Smithfield	State R1	Zip 02917-0000	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name N/A				ager Name			
Street Address			Street	et Address			
City	State	Zip	City		State	Zip	
Manager Name			Manager Name				
Street Address				Street Address			
City	State	Zip	City		State	Zip	
Check the box to indicate an attachment							
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.							
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.							
Name of Authorized Person					Date		
Carlo Conti	<u> </u>			Member	09/01/	/2016	
Signature of Authorized Person SIGN DOCUMENT HERE							

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

AUG 2 2 2016

3y 55 LO

FOR 632 - Revised: 05/2016