(B)
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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

2 Eyest name of the Limited Lightlity Company						
1. Entity ID Number	Number 2. Exact name of the Limited Liability Company PVDonuts, LLC					
10000						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
44-45 - Retail Trade	Donut bakery					
5. State of Formation						
Rhode Island	i					
6. Principal Office Address			City	State	Zip	
79 Ives Street			Providence	RI	02906	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Lori Kettelle			Contact Title Owner			
Street Address 30 Evergreen St #1			City Providence	State RI	^{Zip} 02906	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Namo			Manager Name			
Street Address -			Street Address			
City	State	Zi	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
9. Resident Agent in Rhode Island. This information is currently of record with 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		
Lori Kettelle				11/27/1	11/27/16	
Signature of Authorized Person SION DOCUMENT HERE						
JOHN POCCHIENT TIENE						

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

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FORM 632 - Revised: 08/2016