State of Rhode Island a	and Providence <sup>r</sup>	Plantations		_		
Department of S			es Division			
Annual Report for the y Limited Liability Compa	any				21 -22	
<ul> <li>→ Filing period: September</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00</li> </ul>			ember 1.	_	AR STATE	
1. Entity ID Number	2 Exact name	of the Limited L	iability Company		N 0114	
000795565		FROSTBITE CUPCAKES, LLC				
3. NAICS Code 72 - Accommodation and F  ▼		4. Brief description of the character of business conducted in Rhode Island RESTAURANTS				
5. State of Formation RHODE ISLAND						
6. Principal Office Address 970 DOUGLAS PIKE			City SMITHFIELD	State RI	Zip 02917	
7. Mailing Address of Limited Lia		and Name or Titl				
Contact Name LEONARD MELLO			Contact Title MANAGER	Contact Title MANAGER		
Street Address 230 CHESTNUT O	AK		City GLOCESTER	State RI	<sup>Zip</sup> 02814	
8. List ALL managers (names an		i the Limited Liat			MEMBERS	
Manager Name LEONARD MELLO	o 		Manager Name SHERRI ME	LLO		
Street Address 230 CHESTNUT OAK ROAD			Street Address 230 CHESTN	Street Address 230 CHESTNUT OAK ROAD		
City GLOCESTER	State RI	<sup>Zip</sup> 02814	City GLOCESTER	State RI	<sup>Zip</sup> 02814	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
				Check the box to in	ndicate an attachment	
9. Resident Agent in Rhode Island						
Under penalty of perjury, I declar statements, and that all stateme	are and affirm a	that I have exan I herein are true	nined this report, including a and correct.	any accompanying	g schedules and	
Name of Authorized Person				Date	<u></u>	
LEONARD MELLO	]			4/18/2017		
Signature of Authorized Person	\ \ \R	$\mathcal{M}$				

## 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 APR 2 7 2017

BY J 302298