s S			
	State of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290	reet	
HOPE	(401) 222-304	40	
Limited Liability Com Annual Report Filing Period: September 1			
	. 7-16-66(d), each limited liability comp in thirty (30) days after the time prescr penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2017		
1. ID No. <u>00165803</u>	4		
2. Exact Name of the Li	mited Liability Company <u>D'LICIO</u>	US DESSERT LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary let information on <u>NAICS</u> can be found		/ the entity. Download
<u>722310</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conduct	ed in Rhode Island
BAKED GOODS. BAK	ED TO ORDER DIRECTLY TO C	CUSTOMERS CUPO	CAKES AND
BAKED GOODS. BAK CAKES, ALSO SALES FARME		CUSTOMERS CUPO	CAKES AND
CAKES,	R'S MARKETS.	CUSTOMERS CUPO	CAKES AND
CAKES, ALSO SALES FARME 5. Principal Office Addre	R'S MARKETS.	CUSTOMERS CUPO	CAKES AND
CAKES, ALSO SALES FARME 5. Principal Office Addres No. and Street: 69	<u>R'S MARKETS.</u> ess		CAKES AND Country: <u>USA</u>
CAKES, ALSO SALES FARME 5. Principal Office Addree No. and Street: 69 City or Town: W/	<u>R'S MARKETS.</u> ess 1 MAIN STREET	<u>I</u> Zip: <u>02885</u>	Country: <u>USA</u>
CAKES, ALSO SALES FARME 5. Principal Office Addree No. and Street: 69 City or Town: Wz 6. Mailing Address of Li Contact Name: DIANA (Contact Name)	R'S MARKETS. ess 1 MAIN STREET ARREN State: R mited Liability Company and Name CAPELLA Contact Title: OWNER	<u>I</u> Zip: <u>02885</u>	Country: <u>USA</u>
CAKES, ALSO SALES FARME 5. Principal Office Addres No. and Street: 69 City or Town: W/ 6. Mailing Address of Li Contact Name: DIANA (C) No. and Street: 32 F	R'S MARKETS. ess <u>1 MAIN STREET</u> <u>ARREN</u> State: <u>R</u> mited Liability Company and Name	I Zip: <u>02885</u> or Title of Contact F	Country: <u>USA</u>
CAKES, ALSO SALES FARME 5. Principal Office Addres No. and Street: 69 City or Town: Wz 6. Mailing Address of Li Contact Name: DIANA (C) No. and Street: 32 F City or Town: PRC	R'S MARKETS. ess 1 MAIN STREET ARREN State: R mited Liability Company and Name CAPELLA Contact Title: OWNER PARKSIDE DRIVE State: OVIDENCE State: f Each Manager of the Limited Liab	<u>I</u> Zip: <u>02885</u> or Title of Contact F <u>RI</u> Zip: <u>02910</u>	Country: <u>USA</u> Person: Country: <u>USA</u>
CAKES, ALSO SALES FARME 5. Principal Office Addres No. and Street: 69 City or Town: Wz 6. Mailing Address of Li Contact Name: DIANA (C) No. and Street: 32 F City or Town: PRC 7. Name and Address of	R'S MARKETS. ess 1 MAIN STREET ARREN State: R mited Liability Company and Name CAPELLA Contact Title: OWNER PARKSIDE DRIVE State: OVIDENCE State: f Each Manager of the Limited Liab	I Zip: 02885 or Title of Contact F RI Zip: 02910 ility Company, if Appendix	Country: <u>USA</u> Person: Country: <u>USA</u>

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DIANA CAPELLAN <u>32 PARKSIDE DRIVE</u> PROVIDENCE, <u>RI</u> <u>02910</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 11 Day of September, 2017 at 10:43:47 AM by the authorized person. This

electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By **DIANA CAPELLAN**

Signature of Authorized Person

Form No. 632 Revised 09/07

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