



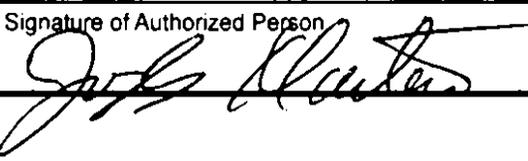
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**STAMP**

FOR  
 SECRETARY OF STATE  
 USE ONLY

Annual Report for the year: 2017  
**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.

1. Entity ID Number <b>141333</b>		2. Exact name of the Limited Liability Company <b>MARTINS BAKERS, LLC</b>			
3. NAICS Code <b>722515</b>		4. Brief description of the character of business conducted in Rhode Island  <b>to operate a donut shop</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <del>95 River Avenue</del> <b>481 Warren Ave</b>		City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914-0000</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Joseph F. Martins</b>			Contact Title <b>Manager</b>		
Street Address <del>95 River Avenue</del> <b>481 Warren Ave</b>		City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914-0000</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b>					
Manager Name <b>Joseph F. Martins</b>		Manager Name			
Street Address <del>95 River Avenue</del> <b>481 Warren Ave</b>		Street Address			
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>Joseph F. Martins</b>			Date <b>09/01/2017</b>		Manager <b>Manager</b>
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**

**SEP 29 2017**

BY 1179 KM