

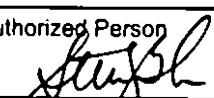


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 162571 | | 2. Exact name of the Limited Liability Company Domino's Pizza Master Issuer LLC | | | |
| 3. NAICS Code 722511 | | 4. Brief description of the character of business conducted in Rhode Island Domestic Franchisor | | | |
| 5. State of Formation DE | | | | | |
| 6. Principal Office Address 24 Frank Lloyd Wright Drive | | | City Ann Arbor | State MI | Zip 48106 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Lisa Hayes | | | Contact Title Tax Accountant | | |
| Street Address 30 Frank Lloyd Wright Drive | | | City Ann Arbor | State MI | Zip 48106 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name J. Patrick Doyle | | | Manager Name Jeffrey D. Lawrence | | |
| Street Address 30 Frank Lloyd Wright Drive | | | Street Address 30 Frank Lloyd Wright Drive | | |
| City Ann Arbor | State MI | Zip 48106 | City Ann Arbor | State MI | Zip 48106 |
| Manager Name Adam J. Gacek | | | Manager Name | | |
| Street Address 30 Frank Lloyd Wright Drive | | | Street Address | | |
| City Ann Arbor | State MI | Zip 48106 | 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. | | | | | |
| 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 Steven J. Goda | | | | Date OCT 16 2017 | |
| 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
OCT 19 2017
BY 020536 PS