

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

Form 632 Rev. 6/02

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00

	YPED OR PRINTED IN		·		 	
. <i>ID No.</i> 1 27503	2. Exact name of the PROVIDENCE	limited liabilty company BREAD, LLC.			•	
State of Formation	4. Brief des	cription of the character of	the business which is actually conducted	l in Rhode Island		
HODE ISLAN	D					
Principal office ad			City	State	Zip	
103 POINT STREET			PROVIDENCE	RI	02903-	
MAILING AD ntact Name	DRESS OF EIMITI	D LIABILITY COM.	PANY AND NAME OF TITLE Contact Title	OFCONTACTPER	SON:	
LGA BRAVO	•		•			
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ent Name	ENFIELD, ESQ.	•	Address ONE SHIP STREE	TT .	•	
dress	_INFILLD, LOQ.		City		<i>Lip</i>	
			PROVIDENCE	(2903-	
		 				
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	1 2 7 5 0	3	Under penalty of pe this report, includin		hedules and statements,	
127503 DLLQ	be signed in ink by 1 2 7 5 0 10/05/05 04:36:18	3	Under penalty of pe this report, includin	g any accompanying so	hedules and statements,	
127503 DLLQ	1 2 7 5 0	3	Under penalty of pe this report, includin and that all statemen	g any accompanying so nts contained herein are	hedules and statements, true and correct.	
127503 DLLO	1 2 7 5 0	3	Under penalty of pe this report, includin	g any accompanying so nts contained herein are	hedules and statements,	
	1 2 7 5 0	3	Under penalty of pe this report, includin and that all statemen	g any accompanying so nts contained herein are	hedules and statements, true and correct.	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited liabilty company 1. ID No. 127503 PROVIDENCE BREAD, LLC. 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation RHODE ISLAND State 5. Principal office address Cirv RΙ 02903-PROVIDENCE 103 POINT STREET 6. MAILING ADDRESS. OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name Olga Bravo State City Street Address 02903 103 Point Street Providence RI. 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING AFTACHMENTS ("X" BOX FOR ATTACHMENT) \square ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L.7-16-12 (a) (2) / 7-16-52 · Manager Name Manager Name Street Address Street Address *City City Manager Name Manager Name •Street Address Street Address State require filing of Form 642 - R.I.GL. 7-16-11 8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER- Changes ONE SHIP STREET MARC A. GREENFIELD, ESQ. Zip Address PROVIDENCE 02903-

This report must be signed in ink by an authorized person pursuant to 7-16-66.



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FOR SECRE	TARYC	F STAT	E USE ONLY

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.

10/1/04

Date



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2003

-	mber 1 - November 1 OOR PRINTED IN BLACK)	• Filing Fee: \$5	50.00					
1. ID No.	2. Exact name of the limite	t name of the limited liability company						
127503		PROVIDENCE BREAD, LLC.						
3. State of Formation	4. Brief description	4. Brief description of the character of the business which is actually conducted in Rhode Island						
RHODE ISLAND								
5. Principal office addre	SZ.		СНу	State	Zip			
103 Point Street			Providence	RI	02903			
Contact Name		LITY COMPANY AN	ND NAME OR TITLE OF CONTACT Contact Title	PERSON:				
Olga I	Bravo		City	State	12			
	Street Address 103 Point Street			RI	02903			
	FILL IN SP.	ACES BEFORE USIN	ED LIABILITY COMPANY, IF APPI NG ATTACHMENTS ("X" BOX FO JIRES FILING OF AMENDMENT, R.	R ATTACHMENT				
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
Manager Name			Manager Name	Manager Name				
Street Address			Street Address					
Cfty	State	Zip	City	State	Zip			
8. RESIDENT AGEN Agent Name MARC A. GREENFIEL		- DO NOT ALTER -	Changes require filing of Form 6	542 - R.I.G.L. 7-1	6-11			
	1		294		Zip			
ONE SHIP STREET			PROVIDENCE	[·				
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

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File Date _	RECEIVED						

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BY____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

Bate

Olga Bravo

Print or Type Name of Authorized Person