

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

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

Matthew A. Brown, Secretary of State

401.222,3040

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR __

Filing Period: Septen (FORM MUST BE TYPED)			Filing Fee: \$50.00					
1. ID No.	2. Exact name of the limited liability company							
120105	Farnsw	orth Cafe, LLC						
3. State of Formation			character of the business which	th is actually conducted in Rhode Island	1		-	
RHODE ISLAND		BREAKFAST, PIZZA	, SANDWICH CAFÉ FOR	REAT IN OR TAKE OUT				
5. Principal office address 302 WILLETT AVENUE				RIVERSIDE	State R	RI 2402915		
- · · · · ·		•	'	OR TITLE OF CONTACT PERS	ON:			
Contact Name LESTER	Н.	FARNSH	10RTH	CONTACT THE MANAGER/OWNER				
Sireci Address 131 DO	RR	4		RIVERSIDE	State 72.	7	02915	
		FILL IN SPACES I	BEFORE USING ATTAC	LITY COMPANY, IF APPLICAB HMENTS ("X" BOX FOR AT ING OF AMENDMENT, R.I.G.L.	TACHMENT)		-52_	
Manager Name				Manager Name				
Street Address			Street Address					
Cuy		State	Zψ	City	State	_	Zip	
Manager Name	••••••	·····	······································	Manager Name	***********	•••••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Street Address				Street Address				
City		State	Zip	City	State	·	Zip	
8. RESIDENT AGENT Agent Name CARA B. CONATY, ES	• •	ODE ISLAND : DO N	NOT ALTER - Changes	require filing of Form 642	R.I.G.L. 7-3	6-11	· - · · · · · · · · · ·	
Address				City Z.Lp				
66 WOODWARD AVENUE, #2			EAST PROVIDENCE 02914-					

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

File Date	9 12 (05120105	
Check No	2482	
Ву:	DA	
	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.



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

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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR.

2004

Filing Period: Septen (FORM MUST BE TYPED)			Filing Fee: \$50.00					
1. II) No. 120105	2. Exact i	ame of the limited liability company orth Cafe, LLC						
3. State of Formation RHODE ISLAND 4. Brief description of the character of the business white BREAKFAST, PIZZA, SANDWICH CAFÉ FOR				b is actually conducted in Rhode Island REAT IN OR TAKE OUT	<i>I</i>			
5. Principal office address 302 Willett AVINUE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME				RIVERSI de	, -	ユ	02915	
Contact Name		RNSWORT		CONTACT TITLE MANAGER /OWNER				
Sircet Address 13 \ [70 RR	AVENUE		•		7	02915	
		FILL IN SPACES	BEFORE USING ATTAC	LITY COMPANY, IF APPLICAR HMENTS ("X" BOX FOR AT ING OF AMENDMENT, R.I.G.L	TACHMENT)		-52	
Manager Name LESTER FARNSWORTH Member				Manager Name				
Sirect Address				Street Address				
City State Rate Day 15				Clty	State	••••	Zip	
Manager Name				Manager Name				
Street Address				Street Address				
City		State	Ζψ	City	State		Zip	
8. RESIDENT AGEN Agent Name CARA B. CONATY, E		ODE ISLAND - DO N	NOT ALTER - Changes	require filing of Form 642 - Address	R.I.G.L. 7-1	6-11	•	
Address 66 WOODWARD AVENUE, #2			City Zup EAST PROVIDENCE 02914-					

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	120	04
Check No	190	9
Ву:	DA	·
FOR SECRETA	RY 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.

LESTER H. FARNSWORTH



STATE OF RHODE ISLAND AND PROVIDE CE PLANTATIONS Office of the Secretary of State

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

Matthew A. Brown, Secretary of State

401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2003

(FORM MUST BE TYPED)		inng rec. op						
1 ID No.	2. Exact name of the limite	d liability company						
120105	Farnsworth Cafe	Farmsworth Cafe, LLC						
3. State of Formation	4. Brief description	on of the character of the h	usiness which is actually conducted in	Khode Island	<u> </u>			
RHODE ISLAND	BREAKFAST	, PIZZA, SANDWICH	CAFÉ FOR EAT IN OR TAKE OL	JT				
5 Principal office address	llett Avenu	e	Riversid	e sianc RI	02915			
6. MAILING ADDRE	SS OF LIMITED LIABI	LITY COMPANY AN	D NAME OR TITLE OF CONT.	ACT PERSON:				
Contact Name LeSter	H. Farnsu	uorth	Member	Member Jouner				
Sirect Address	H. FARNSU T AVENU	L	Riverside	State	02915			
7. NAME AND ADDE	RESS OF EACH MANA	GER OF THE LIMITI	ED LIABILITY COMPANY, IF					
			G ATTACHMENTS ("X" BO		/ - 1/ 50			
	Y MODIFICATIONS TO) MANAGERS REQU	IRES FILING OF AMENDMEN :	1, K.J.G.L. 7-10-12 (a) (2)	7 7-10-52			
Manager Name			Manager Name	Manager Name				
								
Street Address			Street Address					
					Ta:			
City	State	<i>7.</i> ip	City	State	Zip			
Manager Name	I	I			J			
, and age is the control of the cont			- Andrews					
Street Address			Street Address					
City	State	Zip	City	State	Ζίρ			
8. RESIDENT AGEN	I IN RHODE ISLAND	· DO NOT ALTER - C	Changes require filing of Fo	orm 042 · K.I.G.L. /-10-11				
CARA B. CONATY, ES	•		7411.4.5					
ļ	u			· · · · · ·				
Address 66 WOODWARD AVENUE, #2			EAST PROVIDENCE	1 '				
_				J =				

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

	* 1 2 0 1 0 5 *
File Date _	9.15.03
Check No.	470
Ву:	<u>Z</u> ,

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 berein are true and correct



File Date

Check No.

FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street. Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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 L. ID No. 120105 Farnsworth Cafe, LLC 4. Brief description of the character of the business which is actually conducted in Rhode Island 3. State of Formation takeout RHODE ISLAND pat PIZZA SANDWICK Principal office addre OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON 6. MAILING ADDRESS Contact Title Contact Name Street Address 30 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 Manage<u>r Name</u> Manager Name Street Address Street Address Manager Name Manager Name Street Address Sircei Addres: State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.C.L. 7-16-11 Agent Name Address CARA B. CONATY, ESQ. Zip Address EAST PROVIDENCE 66 WOODWARD AVENUE, #2 02914-This report must be signed in ink by an authorized person pursuant to 7-16-66. 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.