



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 2005**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

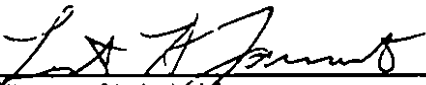
1. ID No. 120105		2. Exact name of the limited liability company Farnsworth Cafe, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BREAKFAST, PIZZA, SANDWICH CAFÉ FOR EAT IN OR TAKE OUT			
5. Principal office address 302 WILLETT AVENUE		City RIVERSIDE	State RI	Zip 02915	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name LESTER H. FARNSWORTH		Contact Title MANAGER/OWNER			
Street Address 131 DORR AVENUE		City RIVERSIDE	State RI	Zip 02915	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND : DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CARA B. CONATY, ESQ.		Address			
Address 66 WOODWARD AVENUE, #2		City EAST PROVIDENCE		Zip 02914	

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



File Date	9/12/05	120105*
Check No.	2482	
By:	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.

  
Signature of Authorized Person  
Date 9-9-05  
LESTER H. FARNSWORTH  
Print or Type Name of Authorized Person



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2004

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120105		2. Exact name of the limited liability company Farnsworth Cafe, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BREAKFAST, PIZZA, SANDWICH CAFÉ FOR EAT IN OR TAKE OUT	
5. Principal office address 302 Willett Avenue		City Riverside	State RI
		Zip 02915	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name LESTER H. FARNSWORTH		Contact Title MANAGER / OWNER	
Street Address 131 DORR AVENUE		City RIVERSIDE	State RI
		Zip 02915	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name <del>LESTER H. FARNSWORTH</del> Member		Manager Name	
Street Address <del>131 Dorr Avenue</del>		Street Address	
City <del>Riverside</del>	State <del>RI</del>	City	State
Zip <del>02915</del>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CARA B. CONATY, ESQ.		Address	
Address 66 WOODWARD AVENUE, #2		City EAST PROVIDENCE	Zip 02914

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 \*

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.

File Date	9/20/04
Check No.	1999
By:	DA
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person  
Date  
9/17/04  
LESTER H. FARNSWORTH  
Print or Type Name of Authorized Person



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100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120105		2. Exact name of the limited liability company Farnsworth Cafe, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island BREAKFAST, PIZZA, SANDWICH CAFÉ FOR EAT IN OR TAKE OUT			
5. Principal office address 302 Willett Avenue		City Riverside	State RI	Zip 02915	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Lester H. Farnsworth		Contact Title Member/owner			
Street Address 131 Dorr Avenue		City Riverside	State RI	Zip 02915	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CARA B. CONATY, ESQ.		Address			
Address 66 WOODWARD AVENUE, #2		City EAST PROVIDENCE	Zip 02914		

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



File Date	9.15.03
Check No.	470
By:	[Signature]
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] 9/12/03  
Signature of Authorized Person Date  
Lester H. Farnsworth  
Print or Type Name of Authorized Person



# 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)

1. ID No. 120105		2. Exact name of the limited liability company Farnsworth Cafe, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Breakfast, pizza, sandwiches cafe for eat-in or takeout.	
5. Principal office address 302 Willett Avenue		City Riverside	State RI
		Zip 02915	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Lester H. Farnsworth		Contact Title Member/owner	
Street Address 302 Willett Avenue		City Riverside	State RI
		Zip 02915	
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			
Manager Name [REDACTED]		Manager Name [REDACTED]	
Street Address [REDACTED]		Street Address [REDACTED]	
City [REDACTED]	State [REDACTED]	City [REDACTED]	State [REDACTED]
Zip [REDACTED]		Zip [REDACTED]	
Manager Name [REDACTED]		Manager Name [REDACTED]	
Street Address [REDACTED]		Street Address [REDACTED]	
City [REDACTED]	State [REDACTED]	City [REDACTED]	State [REDACTED]
Zip [REDACTED]		Zip [REDACTED]	
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CARA B. CONATY, ESQ.		Address [REDACTED]	
Address 66 WOODWARD AVENUE, #2		City EAST PROVIDENCE	Zip 02914

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



\* 1 2 0 1 0 5 \*

File Date	10-15-02
Check No.	127
By:	[Signature]
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] 9/16/02  
Signature of Authorized Person Date  
LESTER H. FARNSWORTH  
Print or Type Name of Authorized Person