

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

2005

### 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 BIACK) 2. Exact name of the limited liability company BRICKLEY'S ICE CREAM, LLC 1. 112 No. 82806 Brief description of the character of the business which is actually conducted in Rhode Island ICE CREAM RETAIL 3. State of Formation **RHODE ISLAND** 5. Principal office address Contact Name 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF 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 Manager Na Street Addres Street Address State Manager Name Manager Name Street Address Street Address State Z.ip City State Zφ 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address STEPHEN F. BROPHY Address City Zip 20 JESSICA LANE WAKEFIELD 02879-

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

File Date	10/4/03 *82806*
Check No	38/
Ву:	Ce
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I decla				
including any accompanying sch conjuined herein are true and con		statemo	ents, and that	all statements
	neer.			
		<i>\</i>	B-58-1	25
Signature of Authorized Person		Date	•	
Christina M.	Bron	oh y		
Print or Type Name of Authorized				



# STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Matthew A. Brown, Secretary of State

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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

2004

	otember 1 - November 1 * PED OR PRINTED IN BLACK)	• Filing Fee: \$50	0.00		-
1. ID No. 82806	2. Exact name of the limit BRICKLEY'S ICE CR				
3. State of Formation RHODE ISLAND	1		istness which is actually conducted in	s Rhode Island	
5 Principal office add	Jessica L	and	CHY Walce	Sie d State PA	2ip 07879
Contact Name	ephen Bro	phy	O NAME OR TITLE OF CONT	Lew t	
Sircei Address	Jessi Ca	i Læne	cii, Wala	efreld siano RI	02879
	- FILL IN SE	ACES BEFORE USING	D LIABILITY COMPANY, IF G ATTACHMENTS · ("X" BO RES FILING OF AMENDMEN Manager Name	X FOR ATTACHMENT) 🖸	/ 7-16-52
Street Address		<del></del> + <u>:</u>	Street Address	<del>,</del>	
City	State	Zip	a	State	Zip
Manager Name .		•••••••	Manager Name		
Sirvei Address			Street Address	·	
City	State	Zip	City	State	Zip
B. RESIDENT AGI Agent Nume STEPHEN F. BROI		DO NOT ALTER - C	hanges require filing of Fo	rm 642 · R.I.G.L. 7-16-11 SSI ac Las	2
Address 257 WEATHERVAT	NE ROAD		WAKEFIELD	7.tp 028	79-
					8000 8000 1

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

\* 8 2 8 0 6 \*

	FI	E	D
File Date			

NOV 03 **200** 

By MCAOUS

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 Approvized Person

Shadenized Person

int or Type Name of Authorized Person

Brophy

Form 032 Rev. 7/03



# 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

Filing Period: Septer	nber 1 - November 1 🧪	Filing Fee: \$50.00		-	
(FORM MUST BE TYPED	OR PRINTED IN BLACK)				
1. ID No.	2. Exact name of the limited liability company				<u></u>
82806	BRICKLEY'S ICE				
3. State of Formation	4. Brief description	of the character of the business (	which is actually conducted in Rhode I	sland	· ·
RHODE ISLAND	ICE CREAM RI	TAIL			
5 Principal office address			City	State	Z(p
921	Boston We	ck Rd.	Damaganse	HIRI	02882
6. MAILING ADDRE	* - * - · · · · · · · · · · · · · · · ·		ME OR TITLE OF CONTACT P	ERSON:	
Clam'sti	na Broku		Comaci Tille	Darda,	managen
Sirect Address	( )		: City	State	Zip
20 Jes	sica Lane		Wakefield	19	02879
7. NAME AND ADDI			BILITY COMPANY, IF APPLIC		_
AN'	FILL IN SPAC Y MODIFICATIONS TO	CES BEFORE USING ATT MANAGERS REQUIRES F	ACHMENTS ("X" BOX FOR FILING OF AMENDMENT, R.I.	<i>ATTACHMENT)</i> G.L. 7-16-12 (a)	□ +(2) / 7-16-52
Manager Name	<b>A</b> .		Manager Nume		
Stept	un broplu	1			
Sinct Address	Jessica L	anl	Street Address		
Ch:	· T	<del></del>		<del></del> ·	
wakefre	d State	107879.	City	State	Zip
Manager Name	•		Manager Name	•••••	······
Street Address	<del> </del>		Street Address		<u> </u>
City	State	Zip	City	State	Zip
8. RESIDENT AGENT	Γ IN RHODE ISLAND - Γ	l PO NOT ALTER - Change	es require filing of Form 64:    Address	 2 - R.I.G.L. 7-16	-11
STEPHEN F. BROPHY					
Address	<u> </u>	_	City	1	Zip
257 WEATHERVANE R	OAD		WAKEFIELD		02879-

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

	* 8 2 8 0 6 *	
File Date	9-11-03	
Check No.	100	
Ву:	<u>a</u>	
	FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have exam neluding any accompanying schedules and statements, and tha contained begin are true and correct.	
ignature of Authorized Person Date	
Christina M. Brophy	
Print or Type Name of Authorized Person	



Edward S. Inman, III, 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) I. ID No. 2. Exact name of the limited liabilty company 82806 BRICKLEY'S ICE CREAM, LLC 3. State of Formation 6. Brief description of the character of the business which is actually conducted in Rhode Island ICE CREAM RETAIL **RHODE ISLAND** 5. Principal office address NAME OR TITLE Contact Name Contact Title Street Addres. Zip State 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 · Manager Name Street Address \* Street Address City State Zip City State Zip Manager Name Manager Name Street Address ·Street Address City State City Zip State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 igent Name Address STEPHEN F. BROPHY Address City Zip 257 WEATHERVANE ROAD WAKEFIELD 02879-

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



File Date	8-30-02
Check No.	147
В <u>у.                                    </u>	2.
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

8/29/02 Date

Stephen F. Brophy Print or Ifpe Name of Authorized Person



#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

سمرن

ID	Number_	82806	Annual Report for the year	<b>Z</b> 00	
1.	The name	e of the limited liability company			
2.	The addre	ess of the principal office of the	Imited liability company is: (New Address Yane Ropd, Wake Field, RT	 పక్క) - <u>ల</u>	— ≥79
3.			aws of which it is formed is: Rhode Isla		·
4.	The name	e and address of its resident ag	entis: STEPLEN T. BROPHY, a	157	
			, waterield, RT 02879		
<b>5</b> .			limited liability company and the name or title of a pe	rson to v	vhom
	communic	cations may be directed are:	257 Weathervane Rosa, Wa	KEFICI	<u>'ص</u>
	R	I 02879 -	STEPLEN F. Brophy		
6		atement of the character of the	ESTATE Holding Company	engaged in	n this
7.	If the limit		gers, list the name and address of each manager:	712 712 745	
		Name	Address	5.	
				<del></del> .	• •
				<u></u>	
				<u></u> .	- 277
				72	(c)
Dat	te: <u></u>	FILED  MAY 28 2002  By GAM 277 0 2 2	Under penalty of perjury, I declare and affirm that I have report, including any accompanying schedules and st that all statements contained herein are true and correct.  BRICKILLY STELL CREOM Exact Name of Limited Liability Company  By GENERAL PARTMENT	atements,	and
	n No 632 ised: 01/99	7000	•		

#### To be filed annually between September 1 and November 1

Form No. 632



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

ID	Number DLLC 82806	Annual Report for the year 2000		
1.	The name of the limited liability compa	any is:		
	BRICKLEYS ICE CREAM, LLC			
2.	The address of the principal office of the limited liability company is:  257 Weathenau Rd. Wakofield, RT 02879			
3.	The state or other jurisdiction under th	e laws of which it is formed is RHODE ISLAND		
4. The name and address of its resident agent is: STEPHEN F. BROPHY		agentis: STEPHEN F. BROPHY		
	30 TEN ROD ROAD NORTH KINGS	TOWN RI 02852		
5.	The current mailing address of the lim	ited liability company and the name or title of a person to whom communications		
	may be directed are:Bn`ck	ley's c/o Cheis Brophy 257 Weathervake Kd.		
6.	_	the business in which the limited liability company is actually engaged in this		
7.	If the limited liability company has man	nagers, the name and address of each manager of the limited liability company  **Address**		
Da	ted	Under penalty of perjury, I declare and affirm that I have examined this		
	8 2 8 0 6	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  By Kley'S Tee Cream U.C.  Exact Name of Limited Liability Company		
File	FOR SECRETARY OF STATE USE ONLY Date: 9-5-00	By Oly M		
Che	ck No. 2554	Tide		

# To be filed annually between September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

ID	Number <u>LL 82806</u>	Annual Report for the year 1999
1.	The name of the limited liability comp	pany is:
	BRICKLEY'S ICE CREAM, LLC	
2.	The address of the principal office of 30 Ten R	the limited liability company is:
3.	The state or other jurisdiction under	the laws of which it is formed is RHODE ISLAND
4.	The name and address of its residen	t agent is: STEPHEN F. BROPHY
	30 TEN ROD ROAD NORTH KING	STOWN, RI 02852
5.	The current mailing address of the lin	nited liability company and the name or title of a person to whom communications
	may be directed are: Sk	phen Brophy 7 Weathervano Rd Watefield RT
6.	A brief statement of the character of state:	of the business in which the limited liability company is actually engaged in this
7.	If the limited liability company has ma Name	anagers, the name and address of each manager of the limited liability company Address
Dat	ted 4 8 9 9 9 4 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	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.  Brick Legs Tee Cream LLC  Exact Name of Limited Liability Company
ile	FOR SECRETARY OF STATE USE ONLY Date: 9-9-99	By Sutn M. 182
Chec	ck No.: 8/65	Title Form No. 632
3y:	AMF	Revised 01/99



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

#### LIMITED LIABILITY COMPANY

ID	Number LL 82806 Annual Report for the year 1998
1.	The name of the limited liability company is:  BRICKLEY'S ICE CREAM, LLC
2.	The address of the principal office of the limited liability company is:  30 Ten Rod Rd. W. Congstown, Rt 82852
3.	The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND
4.	The name and address of its resident agent is: STEPHEN F. BROPHY
	30 TEN ROD ROAD NORTH KINGSTOWN, RI 02852
5.	The current mailing address of the limited liability company and the name of title of a person to whom communications may be directed are: 30 Ten Rod Person D. Kingston RT 02852
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this state:
7.	If the limited liability company has managers, the name and address of each manager of the limited liability company Name  Steplett Brophy Len Brophy Christing Brophy Treas
Dat	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  Bick leg's Tee Cream LLC  Exect Name of Limited Liability Company
	FOR SECRETARY OF STATE USE ONLY Date:
Chec	k No.:  By Gustera A. J.
Ву:	Treasure Tibe
	Form No. LLC-19

Form No. LLC-19 Revised 8/97

To be filed annually between September 1 and November 1



#### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

#### LIMITED LIABILITY COMPANY

	CIMITED CIABILITY CONFANT
ID	Number 0082806 Annual Report for the year 1997
1.	The name of the limited liability company is:  BRICKLEY'S ICE CREAM, LLC
2.	The address of the principal office of the limited liability company is:  30 Tew Rod Road North Kiwystown, R.J. 02852
<ul><li>3.</li><li>4.</li></ul>	The state or other jurisdiction under the laws of which it is formed is: RHODE IS/AUD  The name and address of its resident agent is: Stephen F Brophy  257 Weathenvane Rd WakeField R+028
5.	The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Stephew F. Brophy  30 Tew Rod Rd, Worth Hwgstown RF02853
<b>6</b> .	
7.	If the limited liability company has managers, the name and address of each manager of the limited liability company  Name  Address
Dat	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.  BRICKLEY'S TCE CRAM, LLC
	AUG 20 1997  By 1400  By Control Title

Form No. LLC-19 Revised 8/97

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To be filed annual! September 1 and !

#### State of Rhode Island and Providence Plantations

Office of the Secretary of State
Corporation Division
100 North Main Street
Providence, RI 02903-1335

	Annual Report for
LLC I.D.# 82	806
FIRST:	The name of the limited liability company is: BRICKLEY'S ICE CREAM, LLC
SECOND:	The address of the principal office of the limited liability company is:
	30 TEN ROD RD NORTH KINGSTOWN RI 0285
THIRD:	The state or other jurisdiction under the laws of which it is formed is: Rhode Island
FOURTH:	The name and address of its resident agent is:
	Stephew + CALRISTINA BRODKY
	Stephew + CHRISTINA BROPHY  GS NORTH RIVER DR. NARRYGARLUT K
EIETU.	- who is a state of the limited liability company and the name or title of a p
FIFTH:	communications may be directed are:
	30 TEN ROD RD NORTH KINGSTOWN RT 0283
	ATTN: StepHew BROPHY
CIYTU-	A brief statement of the character of the business in which the corporation is actually engaged
SIX I I I	Retail HomeMAde ICE CREAM BUSINESS
	Paralle IS TOE COR
Dated	BRICK/ey'S ICE CITÉ Exact Name of Limited Liability Company
	Exact Name of Limited Elability Company
<del></del>	
File Date:	8/26/96
	1077 *By To be signed in the manner required by the h
By:	
'	Title Tresident (Coneral)
For Sec	cretary of State Use Only