



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

**FILED**

AUG 27 2018

BY 02077

Annual Report for the year: 2018  
**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 <b>162845</b>		2. Exact name of the Limited Liability Company <b>Domino's Pizza Franchising LLC</b>			
3. NAICS Code <b>521990</b>		4. Brief description of the character of business conducted in Rhode Island <b>Franchisor</b>			
5. State of Formation <b>DE</b>					
6. Principal Office Address <b>24 Frank Lloyd Wright Dr.</b>		City <b>Ann Arbor</b>	State <b>MI</b>	Zip <b>48106</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Lisa Hayes</b>		Contact Title <b>Tax Accountant</b>			
Street Address <b>30 Frank Lloyd Wright Dr.</b>		City <b>Ann Arbor</b>	State <b>MI</b>	Zip <b>48106</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Richard E. Allison, Jr</b>		Manager Name <b>Jeffrey D. Lawrence</b>			
Street Address <b>30 Frank Lloyd Wright Dr.</b>		Street Address <b>30 Frank Lloyd Wright Dr.</b>			
City <b>Ann Arbor</b>	State <b>MI</b>	Zip <b>48106</b>	City <b>Ann Arbor</b>	State <b>MI</b>	Zip <b>48106</b>
Manager Name <b>Adam J. Gacek</b>		Manager Name			
Street Address <b>30 Frank Lloyd Wright Dr.</b>		Street Address			
City <b>Ann Arbor</b>	State <b>MI</b>	Zip <b>48106</b>	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.					
<b>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.</b>					
Name of Authorized Person <b>Steven J. Goda</b>				Date <b>8-22-18</b>	
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.n.gov