

## 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

IMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_

2005

rang rerioa: sej FORM MUST BE 171			Finng ree: 350.00				
I. ID No.		name of the limited liabil	ity company		_		
125522	Lisa B	ettencourt, LLC		<del></del>			
3. State of Formation	i	1 ' '	•	ich is actually conducted in Rhode Isla	nd		
RHODE ISLAND	ס	DELI/RESTAURAN	Т				
5. Principal office address 936 Aguidneck Ave.			- •	middletown	State R	L	02842
6. MAILING ADI	DRESS OF I.	IMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTACT PER	SON:		
Contact Name Lisa Bettencourt				Contact Title OWNER			
Sirrei Address 93	6 78	uidneck	Ave.	Middletown	State RI		82842
		FILL IN SPACES	BEFORE USING ATTA	ILITY COMPANY, IF APPLICA CHMENTS ("X" BOX FOR A LING OF AMENDMENT, R.I.G	TTACHMENT)		6-52
Manager Name Street Address			Manager Name Street Address				
City		State	Zιp	City	State		Zıp
Manager Name Street Address		.1	Manager Name Street Address				
		State	Zip	Cin-	State		Zip
City				•	1		
·	ENT IN RH	I ODE ISLAND - DO	I NOT ALTER - Changes	require filing of Form 642	· R.I.G.L. 7-16	5-11	
·	GENT IN RH	I ODE ISLAND - DO	NOT ALTER - Changes	require filing of Form 642  **Address**	- R.I.G.L. 7-16	5-11	
8. RESIDENT AG		I ODE ISLAND - DO	NOT ALTER - Changes	1	- R.I.G.L. 7-16	5-11	
8. RESIDENT AG		I ODE ISLAND - DO	NOT ALTER - Changes	1	- R.I.G.L. 7-16	5-11 Zip	

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

	Under penalty of perjury, I declare and affirm the jncluding any accompanying schedules and state
File Date 9/19/05 125522*	contained berein are true and correct.
By:	Print or Type Name of Authorized Person  LISA BEHCHCOUR  Print or Type Name of Authorized Person

nat I have examined this report, ements, and that all statements.



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

Matthew A. Brown, Secretary of State

Conformations in Institut 100 North Main Street Providence, RI 02903-1335 401-222,3040

2004

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_

iling Period: Septem FORM MUST BE TYPED (		• Filing Fee: \$	50.00		
1. II) No 125522	2. Exact name of the limited liability company Lisa Bettencourt, LLC				
3 State of Formation RHODE ISLAND	R PRINTED IN BLACK   2   Event name of the limited liability company				
5. Principal office address 936 AGI	udneck Av	<u></u>			, ·
Cautast Name			Contact Title		
street Address 906 Ea	st Main	Rd.	Portsmouth	State R1	<sup>240</sup> 02871
	FILL IN SPA	ACES BEFORE USI	NG ATTACHMENTS ("X" BOX F UIRES FILING OF AMENDMENT, I :	OR ATTACHMENT) 🗌	/ 7-16-52
Street Address			Sircei Address	· · · · · · · · · · · · · · · · · · ·	
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Sinci Address		
Cuy	State	Zip	City	State	Zip
B. RESIDENT AGENT Agent Name LISA A. BETTENCOUR		DO NOT ALTER -	1	642 - R.I.G.L. 7-16-11	'
906 EAST MAIN ROAD			Cuy PORTSMOUTH		71-

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



File Date	9/30/04
Check No	2842
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 there is a true and correct.

Jua Dettencomt 9/26/04
Signature of Authorized Person Date

LISA BeHencourt
Print or Type Name of Authorized Person



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

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Matthew A. Brown, Secretary of State

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR <u>8004</u>

• Filing Fee: \$50.00 Filing Period: September 1 - November 1 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Exact name of the limited Hability company 1. ID No Lisa Bettencourt LLC 125522 4. Brief description of the character of the business which is actually conducted in Rhode Island Deli / Restaurant Rhode Island Aguidneck Ave. Middletown 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title Lisa Bettencourt 936 Aguidneck Ave. 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 Street Address Street Address City Matte ZΙρ Manager Name Manager Name Since Address Street Address Z.Ip ZIp State 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 906 East Main Rd.

City Portsmouth Lisa, Bettencourt 02871

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

File Date 10/8/07	
Check No.	
By: Ch	
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.