

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

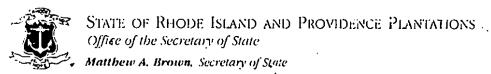
Corporations Division 100 North Main Street Providence, RI 02903-1,335 401,222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

JIMITED ELI Iling Period: Septen			INY AININUAL Filing Fee: \$50.00	KEPOKI FO	JK THE	YEAK.		700	_
inng Periole Septen FORM MUST BE TYPED :									
I. ID No.		of the limited liabilit	v company						
72722	Thole Enter	e Enterprises, LLC							
3 State of Formation	4 Br	tef description of the	character of the husiness wh	ich is actually conducted	in Rhode Island				
RHODE ISLAND	RE	STAURANT OPE	RATION	Ω .			- ,		
5. Principal office Address 750 JOTH:	Court	14 Trial		Chy	,	Suite 21	I -	028	22
6. MAILING ADDRE	ss, of limit	ED LIABILITY C	OMPANY AND NAME	OR TITLE OF CON	ITACT PERSO	N:			
Consacs is Ame Lle H	hew	Thole	2	Contact Title M	nanug	c:/			
Street Address			_	City		State		7.ip	
AN	F	ILL IN SPACES I	F THE LIMITED LIAB BEFORE USING ATTAC AGERS REQUIRES FII	CHMENTS ("X" B ING OF AMENDME :	OX FOR ATT	ACHMENT)		5-52	
Manage. A.L.E.	1821	from s		Manager Name	. بولايو. د ر		مدور		
Co. Address		. 2/		Street Address		. 5		· · · · · · · · · · · · · · · · · · ·	
-	State		Zin	Cit		State	, _	Zin	
Manager Name			l 	Manager Name				J	••••••
Street Address				Street Address			<u>-</u>		
Gity	State	<u> </u>	Zıp	City		State		Ζίρ	
8. RESIDENT AGEN' Agent Name	I IN RHODE	ISLAND - DO N	l OT ALTER - Changes	require filing of E	l Form 642 - R	l.I.G.L. 7-1	6-11	1	
MATTHEW THOLE				HOMESTEAD RESTA	AURANT				
Address				Cliv	Ζφ				
750 SOUTH COUNTY	TRAIL			EXETER 02822-					

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

		Under penalty of peplary, I declare and affirm that I have examined this report, including my accompanying schedules and statements, and that all statements,
	the Date 9 12 05 *72722*	contained herein fire true and correct. 1 Ather Lead 9-8-05
B		Signature of Authorized Person Date 14. Hhrew Thole Print or Type Name of Authorized Person



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

101.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _______2004

THING Period: Septem (FORM MUST BE TYPED (Filing Fee: \$50.00		•	;	•
72722	2. Exact name of the timued to Thole Enterprises, LLC	ikhtorevinjenu)	nationalist.			
3 State of Formation RHODE ISLAND	4. Brief description of RESTAURANT		hich is actually conducted in Rhode is	land .		
5. Principal office address 750 July 6. MAILING ADDRES	th Coin	by Trail	City Cyp + C - E OR TITLE OF CONTACT PE	State ?	5	02822
Commace fling	en Thol	2	Contact Title Co - O	rines-		
750 Six	the County	Trail	Exeter	State Z.	I	25820
		ES BEFORE USING ATTA	BILITY COMPANY, IF APPLIC CHMENTS ("X" BOX FOR L LING OF AMENDMENT, R.I.C 	ATTACHMENT		5-52
-	- , <u> *</u>			, , , , , , , , , , , , , , , , , , , ,	-	•
L. Munuger vame		1210	Aunager Name			
Street Address		 	Sinvi Address			
City	State	Zip	City	State		Zψ
8. RESIDENT AGENT Agent Name MATTHEW THOILE	IN RHODE ISLAND - D	O NOT ALTER - Change	require filing of Form 642 Address HOMESTEAD RESTAURANT	2 - R.I.G.L. 7-1	6-11	'
Address 750 SOUTH COUNTY T	RAIL		City EXETER		ZIp 02822-	

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

	- /
ile Date	<u>च्याः च्या</u>
heck No.	SEP 2 7 2004
)::	By 59 24 Con
FOR S	ECRETARY OF STATE USE ONLY

//	
Under genalty of perjury, I declare and affirm that I had involved in the statements and affirm that I had a second a secon	
contained herein are true and correct.	s, and that an statements
Lattle let	9-9-04
Signature of Authorized Person Date	_
Print or Type Name of Authorized Person	. . – . –



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 _

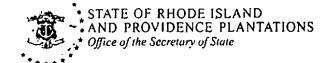
2003

(FORM MUST BE TYP. 1. ID No.	2 Exact name of the	limited, liability company .			
72722		prises, LLC	•	•	
3. State of Formation	4. Brief desc	cription of the character of the hist	ness which is actually conducted in Rho	xle Island	
RHODE ISLAND	RESTAU	RANT OPERATION	للمالوري في المعاولة		
5. Principal office add	orth Covi	nty Trial	Exetor	State	T. Zip OT872
6. MAILING ADD	RESS OF LIMITED LI	IABILITY COMPANY AND	NAME OR TITLE OF CONTACT	r PERSON:	
Gintaet Simo	hew Th	rule	Contact Title	ager	
Street Address So	rth Corn	nty Tral	Exeter	State 12.1	- 2525Z
7. NAME AND AD	DRESS OF EACH MA	NAMER OF THE LIMITED	LIABILITY COMPANY, IF APE	PLICABLE	
			ATTACHMENTS ("X" BOX F		П
	7166, 11	Three bur our count	ATTACHMENTS IN BOX /	on an interimetry	_
į.	ANY MODIFICATION	S TO MANAGERS REQUIR	ES FILING OF AMENDMENT, I	R.I.G.L. 7-16-12 (a)	(2) / 7-16-52
Managers area	ANY MODIFICATION	S TO MANAGERS REQUIR	ES FILING OF AMENDMENT, I	R.J.G.L. 7-16-12 (a)	(2) / 7-16-52
	ANY MODIFICATION	S TO MANAGERS REQUIR	ES FILING OF AMENDMENT, I	R.J.G.L. 7-16-12 (a)	(2) / 7-16-52
	ANY MODIFICATION	S TO MANAGERS REQUIR	ES FILING OF AMENDMENT, I	R.I.G.L. 7-16-12 (a)	(2) / 7-16-52
Mannary and	ANY MODIFICATION	S TO MANAGERS REQUIR	ES FILING OF AMENDMENT, I Manager Name	R.I.G.L. 7-16-12 (a)	(2) / 7-16-52
Manager Came	ANY MODIFICATION	S TO MANAGERS REQUIR	ES FILING OF AMENDMENT, I Manager Name	R.I.G.L. 7-16-12 (a)	(2) / 7-16-52
Mannary and	MODIFICATION	S TO MANAGERS REQUIR	ES FILING OF AMENDMENT, I Manager Name Street Address	R.I.G.L. 7-16-12 (a)	(2) / 7-16-52 · · · · · · · · · · · · · · · · · · ·
Manager Came	MODIFICATION	S TO MANAGERS REQUIR	ES FILING OF AMENDMENT, I Manager Name Street Address	R.I.G.L. 7-16-12 (a)	(2) / 7-16-52
Mannary and	MODIFICATION	S TO MANAGERS REQUIR	ES FILING OF AMENDMENT, I Manager Name Street Address City	R.I.G.L. 7-16-12 (a)	(2) / 7-16-52
Mannary and	MODIFICATION	S TO MANAGERS REQUIR	ES FILING OF AMENDMENT, I Manager Name Street Address City	R.I.G.L. 7-16-12 (a)	(2) / 7-16-52
Managers and Sire Address Sire Address	MODIFICATION	S TO MANAGERS REQUIR	ES FILING OF AMENDMENT, I Manager Name Street Address City Manager Name	R.I.G.L. 7-16-12 (a)	(2) / 7-16-52
Managers and Sire Address Sire Address	MODIFICATION	S TO MANAGERS REQUIR	ES FILING OF AMENDMENT, I Manager Name Street Address City Manager Name	R.I.G.L. 7-16-12 (a)	(2) / 7-16-52
Street Address Cit:	State	S TO MANAGERS REQUIR	ES FILING OF AMENDMENT, I Manager Name Street Address Manager Name Street Address City	State State	Zip
Street Address Cit: 8. RESIDENT AG	State	S TO MANAGERS REQUIR	Street Address City Manager Name Street Address City City The City City The City The City City The City	State State	Zip
Street Address Cit:	State	S TO MANAGERS REQUIR	ES FILING OF AMENDMENT, I Manager Name Street Address Manager Name Street Address City	State State	Zip
Street Address Cit: 8. RESIDENT AG	State	S TO MANAGERS REQUIR	Street Address City Manager Name Street Address City City The City City The City The City City The City	State State State 642 - R.I.G.L. 7-16	Zip
Steve Address Steve Address Cit: 8. RESIDENT AGI Agent Name	State State State	S TO MANAGERS REQUIR	Street Address City Manager Name Street Address City City Address	State State State ANT	Zip

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

* 7 2 7 2 2	*
File Date 10/22/03	
Check No	
By:	
FOR SECRETARY OF STATE USE ONLY	

Λ	
Under penalty of perjury, I declare and affirm that I including age accompanying scheduler and statement of intained fierein are true and correct.	have examined this report, its, and that all statements.
And the side content of th	9-12-13
Signature of Authorized Person Date	1 11 00
Matthew Thole	
Print or Type Name of Authorized Person	F 422 B 102



2. Exact name of the limited liabilty company

Thole Enterprises, LLC

(FORM MUST BE TYPED OR PRINTED IN BLACK)

FOR SECRETARY OF STATE USE ONLY

1. ID No. 72722 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 <u>2002</u> Filing Period: September 1 - November 1 • Filing Fee: \$50.00

3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **RESTAURANT OPERATION RHODE ISLAND** 5. Principal office addres 02822 OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Sircei Addres D2827 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE ("X" BOX FOR ATTACHMENT FILL IN SPACES BEFORE USING ATTACHMENTS ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52 · Manager Name danagen Hanis * Street Address State Manager Name Street Address Street Address .City State State City 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Agent Name Address LAWRENCE L. GOLDBERG, ESQ. Zip Address WARWICK 96 JEFFERSON BOULEVARD 02888 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. 10-9-07 File Date Date Check No. Trolo

To be filed annually betw∈ September 1 and Novemb

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

		(101) 222 0010		· Ð.
		LIMITED LIA	BILITY COMPANY	1
ID	Number DLLC 72722	(/	Annual Report for the year 2	2001 AUG 23
1.	The name of the limited liability com	pany is:		
	Thole Enterprises, LLC			
2.	The address of the principal office of 750 South County Trail,		. (· · · · · · · · · · · · · · · · · ·	
3.	The state or other jurisdiction under	the laws of which	it is formed is RHODE ISLAND	
4.	The name and address of its resider	nt agent is: LAWI	RENCE L. GOLDBERG, ESQ.	
	96 JEFFERSON BOULEVARD WA	RWICK RI 02888		
 5. 6. 	may be directed are: Matthew Th Exeter, Rhode Island 02	ole, Manager 822 of the business in	n which the limited liability company is	
7.		 :	ne and address of each manager of the Address	limited liability comp
Dat	7 2 7 2 2	report, i that all st	enalty of perjury, I declare and affirm the including any accompanying schedule atements contained herein are true and interpretable. Exect Name of Limited Liability Com-	es and statements, correct.
File :	FOR SECRETARY OF STATE USE ONLY Date:	By	CATUE WELL	
Chec	1k No.: 3653		Title	MEMBER
Ву:	2.			Form No. 632 Revised 01/9

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 DLLC 72722	Annual Report for the year 2000
1.	The name of the limited liability com	pany is:
	Thole Enterprises, LLC	
2.	The address of the principal office of	the limited liability company is:
	750 South County Trail, Ex	eter, Rhode Island 02822
3.	The state or other jurisdiction under	the laws of which it is formed is RHODE ISLAND
4.	The name and address of its resider	ntagentis: LAWRENCE L. GOLDBERG
	96 JEFFERSON BOULEVARD WA	
E		mited liability company and the name or title of a person to whom communications
5.	_	
	may be directed are: <u>Matthew</u>	Thole, Member, 750 South County Trail, Exeter, Rhode
	<u>Island 02822</u>	
6.	A brief statement of the character	of the business in which the limited liability company is actually engaged in this
	state: Restaurant Opera	tions and any other lawful business.
7.	If the limited liability company has m	anagers, the name and address of each manager of the limited liability company Address
D٤	ted	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
	11 1 6 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	that all statements contained herein are true and correct.
		THOUE ENTERPRISES, LLC
	/ Z : Z Z	Exact Name of Limited Liability Company
File	FOR SECRETARY OF STATE USE ONLY Date: // -// - O	Ву
		MEMBER MEMBER
	ck No.: 45 %	Title Form No. 632
By:	E PONIF	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

		<i></i>
ID	D Number 0072722	Annual Report for the year 1999
1.	The name of the limited liability company is:	سسة "
	THOLE ENTERPRISES, LLC.	
2.	2. The address of the principal office of the limited liability	company is:
	750 SOUTH COUNTY TRAIL, EXETER, RHO	DE ISLAND 02822
3.	3. The state or other jurisdiction under the laws of which it i	s formed is: RHODE ISLAND
4.	ANDE	
	BOULEVARD, WARWICK, RHODE ISLAND O	
5.	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:MATTHEW_TH	DLE. MEMBER, 750 SOUTH COUNTY TRAIL.
	EXETER, RHODE ISLAND 02822	
6.	6. A brief statement of the character of the business in w	hich the limited liability company is actually engaged in this
	state: <u>RESTAURANT OPERATION AND ANY OT</u>	HER. LAWEUL BUSINESS.
7.	7. If the limited liability company has managers, the n	ame and address of each manager of the limited liability
	company <i>Name</i>	Address
Da	Dated S-18 19 55 Under pena	Ity of perjury, I declare and affirm that I have examined this
Ua	report, incl	uding any accompanying schedules and statements, and ements contained herein are true and correct.
	1650 400	ZENTERPRISES, LLC
	0010210	Exact Name of Limited Liability Company
	228219 88. HJ EZ S EL 138	latthe Il
	SEGRETARS TO SHALLH	EW THOLE MEMBER
_	RECEIVED	Title



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

ID	Number 0072722 Annual Report for the year 1998
1.	The name of the limited liability company is: THOLE ENTERPRISES, LLC.
2.	The address of the principal office of the limited liability company is: 750 SOUTH COUNTY TRAIL, EXETER, RHODE ISLAND 02822
3. 4.	The state or other jurisdiction under the laws of which it is formed is: RHODE ISLAND The name and address of its resident agent is: LAWRENCE L. GOLDBERG, 96 JEFFERSON BOULEVARD, WARNICK, RHODE ISLAND 02888
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: MATTHEW THOLE, MEMBER, 750 SOUTH COUNTY TRAIL, EXETER, RHODE ISLAND 02822
6.	A brief statement of the character of the business in which the limited liability company is actually engaged in this state: RESTAURANT OPERATION AND ANY OTHER LAWFUL BUSINESS.
7.	If the limited liability company has managers, the name and address of each manager of the limited liability company Name Address
Da	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. THOLE ENTERPRISES, LLC Exact Name of Limited Liability Company
	THE MEMBER THE STATE OF THE ST

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

ID	Number0072722	Annual Report for the year1997	
1.	The name of the limited liability company is	5 :	
	Thole Enterprises, LLC		
2.	The address of the principal office of the lin	nited liability company is:	
	547 Mail Road, Exeter, Rhod	le Island 02879	
3.	The state or other jurisdiction under the law	s of which it is formed is: State of Rhode Island	
4.	The name and address of its resident agen	tis: Lawrence L. Goldberg, Esq.,	
	96 Jefferson Blvd., Warwick	k, Rhode Island 02888	
5.	The current mailing address of the lim	ited liability company and the name or title of a person to wi	hom
	communications may be directed are:Ma	atthew Thole, Member, 547 Mail Road, Exeter,	
	Rhode Island 02879		
6.	A brief statement of the character of the	pusiness in which the limited liability company is actually engaged in	this
	state: Restaurant operation	and any other lawful business.	
7.		agers, the name and address of each manager of the limited liat	bility
•	company Name	Address	,
			
			_
Da	ted, 19	Under penalty of perjury, I declare and affirm that I have examined report, including any accompanying schedules and statements, that all statements contained herein are true and correct.	
	PAID	Thole Enterprises, LLC	
	SEP 17.1997657	Exact Name of Limited Liability Company	
	111) 2°180	By Matthe Vill	
	SECY OF STATE	Matthew Thole Member	
		Title	

To be filed annually between September 1 and November 1

State of Rhode Island and Providence Plantations Office of the Secretary of State

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

LLC 1.D.# 72	2722	Annual Report for the year 1996		
		mu a managan II.C		
		ompany is: Thole Enterprises, LLC		
SECOND:	ND: The address of the principal office of the limited liability company is:			
_	Thole Enterprises, LLC			
THIRD:	The state or other jurisdiction und	der the laws of which it is formed is: Rhode Island		
FOURTH:	The name and address of its res	ident agent is:		
	Lawrence L. Goldberg. E 92 Jefferson Blvd., War	sq. wick, RI 02888		
FIFTH	audications may be directed are:			
	547 Mail Road, Exeter,			
T	A brief statement of the charac	tter of the business in which the corporation is actually engaged in this state:		
SIXTI	Restaurant operation a	ny any other lawful business.		
	9-4 1996	Thole Enterprises, LLC		
Dated		Exact Name of Limited Liability Company		
File Date	241.7	*By *To be signed in the manner required by the home state. MATTHEW THOLE		
By:	Secretary of State Use Only	Title Member		

To be filed annually between September 1 and November 1

State of Rhode Island and Providence Plantations Office of the Secretary of State **Corporation Division** 100 North Main Street Providence, RI 02903-1335

LLC I.D. # ^C	0072722	Annua	al Report for the year	1995
FIRST:	The name of the limited liability com	pany is:		
	Thole Enterprises, L	LC		1>
SECOND:	The address of the principal office of	of the limited liability compar	ny is:	
	750 South County Trail,			••••
	Exeter, RI 02879			•
THIRD:	The state or other jurisdiction under	the laws of which it is form	ed is:	
	Rhode Island			
FOURTH:	The name and address of its resident Lawrence L. Goldberg. Esc	_		
	92 Jefferson Blvd., Wark	rick, RI 02888		• • • • • • • • • • • • • • • • • • • •
FIFTH:	The current mailing address of the loommunications may be directed a Matthew THOLE, Member	re:	·	
	547 Mail Road, Exeter, RI	02879		
SIXTH:	A brief statement of the character of state: Restaurant operation and		•	
Dated	17/ 55	hole Enterprises.LL	1	
	J. M. Charles	*By MATTHEN THO Title Member	her 100	
*To bé signed ir	n the manner required by the home s	tatě.	OCT \$ 5 HED	1194
FORM LLC-19 7/95	` •		GECYOFORA	

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations Office of The Secretary of State

^			· · ·
Filing Fee \$50.00 Payable to - 3 Recretary of State	State of Rhode Island an	PE & PRINT ad Providence Plantations ecretary of State	File Annually LLC: Sept. 1 - Nov. 1 CORP. Jan. 1 - March 1
	100 North	nd Providence Plantations ecretary of State Main Street Island 02903-1335 77-3040	% `
6070760		77-3040	
Corporate ID		Annual Report for the year: 1994	
Jame of Business Entity:	hole Enterprises, LL ———————————————————————————————————	<u>ε</u>	
Business entity organized under the laws	of the State of: Rhode Island	Business Entity is (check one)	
'ederal Taxpayer Identification Number:		Business Corporation (See	
or foreign entity, address and telephone	number of principal office	[] Professional Service Corpor [X] Limited Liability Company	•
		Name, title and mailing address of conti	act person to whom
		<pre>communications may be directed: line flatthew Thole, Member </pre>	er
		597 1250 Board	
tions ()		Exeter, RL 02822	
address and telephone of the principal of sand (Provide street address). Not P.O.:	•		
'50 South County Trail		Brief statement of the character of busing restaurant operation and	
<u>xete</u> r, RI 02822		business	
		Date of Organization: <u>0571</u>	.1/1993
tione: (401_) 294-7810	_	Date of Qualification to do business in I	Rhode Island (if foreign entity)
) CHIEF EXECUTIVE OFFICER ON THE FREMIDE	THE NAMES OF TI	HE OFFICERS ARE: CLYSTATE	ZIP ÇODE
11/A) Chief operating officer or ' vice pri			
		DRESS CHARATE	ZIP CODE
S/A CUSTODIAN OF RECORDS OR TISTORETAR	Y (Check Ore) STREET ADD	DRESS CITY/STATE	ZIP CODE
CHIEF FINASCIAL OFFICER OR	ERICHER One) STREET AU	CITYSTATE	ŽIP (CO).
	— THE NAMES OF TH	E DIRRETORS ARE: HEUSTES AR	
AME	STREET ADD	DRESS CITYSTATE	ZIF CODE
Matthew Thole		ad <u>Exeter, F</u>	RI 02822
Stephen Thole	6 Lantern L	ane Exeter, A	71 C2822 71FCCDE
UMBER OF SHARES AUTHORIZE	D (If Applicable)	NUMBER OF SHARES ISSUED AND O	UTSTANDING (If Applicable)
TUMBER N/A		NUMBER N/A	
LASS		CLASS	
ERIES		SERIES	
AR VALUE OR		PAR VALUE OR	
ATHOUT PAR		WITHOUT PAR	// /
rate <u>5-23</u>	95 By. /	Matthe (La
FII	By. / Ilatth	new Thole	
الاهر. الاهرا	2 1 1995 F	NES NAME OF OPERCUR SIGNING	
TAR	ilenbe	FIGER SIGNING	·
-m3: 194 BY	20C 10 20C0 " " " " " " " " " " " " " " " " " "		
	TED REGISTERED OR RESIDE	ENT AGENT FOR SERVICE OF PRO	

NOV 19 1995

LLCID # 72722

To be filed annually between September 1 and November 1

State of Rhode Island and Providence Plantations

Corporations Division 100 North Main Street Providence, Rhode Island 02903

Annual Report for the Year .. 1993...(STATUTORY REQUIREMENT: 1993 LLC'S)

	ss of the principal office of the limited liability company is:Thole-Enterprises, LLC	
SECOND: It is formed under	the laws of the State of Rhode Island	
THIRD: Name and address of i	tsresident agent is: Lawrence L. Goldberg	
** ************	65 Jefferson Bouelvard	

a person to whom communications	ng address of the limited liability company and the name or title of may be directed are: 65 Jefferson Boulevand Warwick, RI 02888	
FIFTH: A brief statement of t is actually engaged in Rhode Island	the character of the business in which the limited liability company nestaurant operation and any other lawful	business
Dated 19	*By Title MATTHEW F. THOLE Fember	
 To be signed in the manner required t 	by the home state	

•

FORM LLC-19 2W 7-28-93

proced a color of 1983