

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

I. ID No.	2. Exact name of th	e limited liabilty company	-			
100525	The Paradigm	he Paradigm Group, LLC				
3. State of Formati	ion 4. Brief de.	scription of the character of t	ne business which is actually conduct	ed in Rhode Island		
I			SERVICE IN CONNECTION WITH SEVERAL WENDY'S FRANCHISES			
5. Principal office	address	· · · · · · · · · · · · · · · · · · ·	City	State	Zip	
887 GREENW	ICH AVENUE		WARWICK	RI	02886	
	ADDRESS OF LIMIT	ED LIABILITY COMP	ANY AND NAME OR TITLE	E OF CONTACT I	ERSON:	
Contact Name			Contact Title			
	ENNETT, JR.	<del> </del>	.MEMBER			
Street Address			Ciry	State	Zip	
387 GREENW	ICH AVENUE		.WARWICK	RI	02886-	
		N SPACES BEFORE USIN ONS TO MANAGERS REQ	G ATTACHMENTS ("X" BOX UIRES FILING OF AMENDMENT.	( FOR ATTACHMENT R.I.G.L 7-16-12 (a) (	<del></del>	
lanager Name			• Manager Name			
			•			
			•			
Street Address			• Street Address			
	State	Zip	*Street Address *City	State	Zip	
City	State	Zip	•	State	Zip	
City Manager Name	State	Zip	*City	State	Zip	
City Manager Name Street Address	State	Zip	*City *Manager Name *	State	Zip	
City Manager Name Street Address City	State	Zip	*City *Manager Name *Street Address *City	State	Zip	
City Manager Name Street Address City  8. RESIDENT A	State	Zip	*City *Manager Name *Street Address	State	Zip	
City Manager Name Street Address City 8. RESIDENT Algent Name	State	Zip	**City **Manager Name **Street Address **City **City **Changes require filing of	State Form 642 - R.I.G.I	Zip	
Agent Name	State AGENT IN RHODE ISI	Zip	City  *Manager Name  *Street Address  City  changes require filing of Address	State Form 642 - R.I.G.I	Zip	

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



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.

10/11/05

Harvey A. Bennett, Jr. Print or Type Name of Authorized Person



Mutthew A. Brawn, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

#### TEVEAD 2004

T. ID No.	M MUST BE TYPED OR PRINTED IN BLACK)  No.   2. Exact name of the limited liabilty company						
100525		Paradigm Group, LLC					
3 State of Formation		4. Brief descrip	tion of the character of th	e business which is actually conduc	cied in Rhode Island	······································	
RHODE ISLAN	D	PROVIDE A	DMINISTRATAIVE	SERVICE IN CONNECTION	WITH SEVERAL WE	NDY'S PRANCHISES	
5. Principal office address 887 GREENWICH AVENUE				City WARWICK	State RI	7.ip 02886	
6. MAILING AD Contact Name HARVEY A BEN			LIABILITY COMP	ANY AND NAME OR TITL Contact Title MEMBER	E OF CONTACT P	ERȘON:	٠
Street Address 887 GREENWIC	H AVENU	E		City WARWICK	State RI	Zip 02886 -	
7. NAME AND A		FILL IN ST	PACES BEFORE USIN	LIMITED LIABILITY CO G ATTACRMENTS ("X" BO UIRES FILING OF AMENDMEN" · Manager Name	X FOR ATTACIIMENT)		
Sireei Address				Sircet Address			
City		Siate	Zip	City	State	Zip	
Manager Name				Manager Name			• •
Street Address				·Street Address			
City		State	Zip	City	State	Zip	
Agent Name			D DO NOT ALTER- C	hanges require filing of		. 7-16-11	
ROBERT D. WIECK, ESQ.				City	101 DYER STREET, SUITE 400		
Address MACADAMS & WIECK INCORPORATED				PROVIDENCE			

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



*100525 D	LLC 09/09/04 10:03:42 AM*
File Date	10.6-04
Check No.	13186
 Be:	<u>ā.</u>
FOR SECRET	ARY 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.

of Authorized Pt/son

Harvey A. Bennett, Jr. Print or Type Name of Authorized Person



FOR SECRETARY OF STATE USE ONLY

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

(FORM MUST BE TYP)					= :	
1. ID No. 100525	1	xact name of the limited liabilty company  Be Paradigm Group, LLC				
3. State of Formation		1	the character of the busine			
RHODE ISLAND		PROVIDE ADMIN	ISTRATAIVE SERVI	CE IN CONNECTION	WITH SEVERAL WE	INDY'S FRANCHISES
5. Principal office addre			· ·	City	State	Zip
887 GREENWICH	AVEN	JE		WARWICK	RI	02886
6. MAILING ADDI	RESS C	F LIMITED LIVE	ILITY COMPANY A	ND NAME OR TIT	LE OF CONTACT P	ERSON:
HARVEY A BENN	ETT			MEMBER		
Street Address		<u>-</u>		City	State	Zip
887 GREENWICH	AVENU	JE		WARWICK	RI	02886-
7. NAME AND ADI		FILL IN SPACES	GER OF THE LIMI BEFORE USING ATTA IANAGERS REQUIRES	ACHMENTS ("X" BO	OX FOR ATTACIIMENT)	
Manager Name	AII 111.	obilications to in	ANNOERS REQUIRES	• Manager Name	11. K.I.G.E 7-10-12 (a) (	277 7-10-32
Street Address	. –			• Street Address		
City		State	Zıp	*City	State	Zip
Manager Name	• • • •	J	,1	Manager Name		
Street Address		<del></del>		•Strect Address		
City		State	Zip	Ciry	State	Zip
Agent Name			l ) NOT ALTER- Chang	Address		
ROBERT D. WIE	CK, ES	Q.			EET, SUITE 400	<del></del>
Address				City		Zip
MACADAMS & WI	ECK IN	NCORPORATED	<u></u>	PROVIDENCE		02903
This report must be	signed	in ink by an aut.	horized person pursu	iant to 7-16-66.		
*100525 DLLC 09 File Date	9/16/03 19-0 1006	10:54:00 AM*		this report facts and that all state  Signature of Earth	uding any accompanyin	affirm that I have examined g schedules and statements, a are true and correct.
' Nu'	7////	-		harvey A	A. Bennett	



FOR SECRETARY OF STATE USE ONLY

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

FORM MUST BE TYP						
: <i>ID No</i> . '100525 <b>'</b>		Exact name of the limited liabilty company ne Paradigm Group, LLC				
State of Formation RHODE ISLAND	J	4. Brief description of PROVIDE ADMIN	the character of the but ISTRATAIVE SER	siness which is actually conducted VICE IN CONNECTION W	d in Rhode Island ITH SEVERAL W	ENDY'S FRANCHISES
Principal office address 096 WARWICK		AVENUE		City WARWICK	State RI	Zip 02886
			BILITY COMPANY	ZAND NAME OR TITLE		
oniaci Name ARVEY A. BEN	•			Contact Title MEMBER	•	• ••
reel Address 096 WARWICK 1	NECK 1	AVENUE		City .WARWICK	State RI	Zip 02886-
NAME AND AD		FILL IN SPACE	BEFORE USING A	•	FOR ATTACIIMENT	n 🗆
nager Name	ANYM	ODIFICATIONS TO N	IANAGERS REQUIRE	S FILING OF AMENDMENT.  *Manager Name  *	R.I.G. <u>L</u> 7-16-12 (a)	(2) / 7-16-52
reet Address				Street Address		
iry ··		State	Zip	City	State	Zip
anager Name	• • • •	J	.1	Manoger Name		
reet Address	-			· Street Address		
ù		State	Zip	Ciry	State	Zip
RESIDENT AGEN	NT IN R	HODE ISLAND	NOT ALTER- Char	nges require filing of F	orm 642 - R.I.G	L. 7-16-11
OBERT D. WIE	CK, ES	Q.		101 DYER STREE	T, SUITE 40	
ldress ACADAMS & WI	FCK I	NCOPPOPATED		PROVIDENCE		<i>Σιρ</i> 02903
is report must be	signed	in ink by an aut	horized person pui	rsuant to 7-16-66.		
100525 DLLC10 File Date /// -	11/0210 1/7-0		"	this report, including	ng any accompanyir	d affirm that I have examined ng schedules and statements, in are true and correct.  10/9/or  Date
<u>v:</u>	10	77F		Harvey A.	Bennett	
			ı	rrint or Type Name	oj Avinorizea Person	

Filing Fee: \$50.00

Ву:

# 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

#### -skiller s

Revised 01/99

#### LIMITED LIABILITY COMPANY

D	Number DLLC 100525	Annual Report for the year 2001
1.	The name of the limited liability comp	any is:
	The Paradigm Group, LLC	
2.	The address of the principal office of	the limited liability company is:
	1096 Warwick Neck Ave	nue, Warwick, RI 02886
3.	The state or other jurisdiction under the	he laws of which it is formed is RHODE ISLAND
4.	The name and address of its residen	t agent is: ROBERT D. WIECK, ESQ.
	MACADAMS & WIECK INCORPORA	ATED 101 DYER STREET PROVIDENCE RI 02903
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:Harvey_A	A. Bennett, member
	1096 Warwick Neck Aver	nue, Warwick, RI 02886
	state: To provide administra	of the business in which the limited liability company is actually engaged in this tive service in connection with several "Wendy" franchises anagers, the name and address of each manager of the limited liability company Address
—File	FOR SECRETARY OF STATE USE ONLY Date: 9 9 700	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.  The Paradigm Group, Inc.  Exact Name of Limited Liability Company  By  Harvey A. Bennett  Member
Che	eck No.: 690 d	Title Form No. 632

DETACH BOTTOM BEFORE RETURNING

#### Filing Fee: \$50.00

### 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

#### LIMITED LIABILITY COMPANY

#### ID Number DLLC 100525

Annual Report for the year 2000

1.	The name of the limited liability company is:
	The Paradigm Group, LLC
2.	The address of the principal office of the limited liability company is:
	1096 Warwick Neck Avenue, Warwick, RI 02886
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: ROBERT D. WIECK, ESQ.
	MACADAMS & WIECK INCORPORATED 101 DYER STREET PROVIDENCE RI 02903
5.	The current mailing address of the limited liability company and the name or title of a person to whom communications
J.	may be directed are: Harvey A. Bennett, member
	1096 Warwick Neck AVenue, Warwick, RI 02886
6.	
	state: To provide administrative service in connection with several "Wendy" franchises
7.	If the limited liability company has managers, the name and address of each manager of the limited liability company  **Address**  **Address**
Di	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.
	The Paradigm Group, Inc.  1 0 0 5 2 5
	19. 19 75 0 17 A A A A A A A A A A A A A A A A A A
Fil	FOR SECRETARY DE STATE USE ONLY  e Date:  SEP 2 1 2000 Bassas Member
Ch	eck No.: PR. URUX SELECTION Title
Ву	Form No. 032

Filing Fee: \$50.00

## 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



#### LIMITED LIABILITY COMPANY

AUG 27 1000

Revised 01/99

ID	ID Number <u>LL 100525</u>	Annual Report for the year 1999
1.	, , ,	
	The Paradigm Group, LLC	
2.	<ol><li>The address of the principal office of the limited lia</li></ol>	ability company is:
	1096 Warwick Neck Avenue, Warwick	, RI 02886
3.	3. The state or other jurisdiction under the laws of wl	nich it is formed is RHODE ISLAND
4.	4. The name and address of its resident agent is: R	OBERT D. WIECK, ESQ.
	MACADAMS & WIECK INCORPORATED 101 D)	
5.		company and the name or title of a person to whom communications
J.		
	may be directed are: Harvey A. Bennett	
6.		ss in which the limited liability company is actually engaged in this
7.	<ol> <li>If the limited liability company has managers—the Name</li> </ol>	name and address of each manager of the limited liability company  Address
Da	repo	er penalty of perjury, I declare and affirm that I have examined this ort, including any accompanying schedules and statements, and all statements contained herein are true and correct.
		The Paradigm Group, LLC  Exact Name of Limited Liability Company
File	FOR SECRETARY OF STATE USE ONLY File Date: By_	Harvey A. Bennett
Ch	Check No. S.F.P. 1.7 10100 —	Member Title
	1 1 10 10 10 10	Form No. 632