

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 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liabilty company 125831 PEPPERONI'S PIZZA LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **RHODE ISLAND** 5. Principal office address City Zio Lincoln RI 02865 650 Washington Hwy. 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Title Contact Name Joseph Raheb .Attorney Street Address City State ZipRI 02865 Lincoln 650 Washington Hwy. 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 Cin State Zio Manager Name Manager Name Street Address Street Address Siale State City Zip 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name Address Joseph Raheb, Esq. City Address 650 Washington Hwy. Lincoln 02865

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

| · | |
|---------------------------------|--|
| 9-19-15 | |
| File Date 7 - 0. 1-00 | |
| Check No. 1098 | |
| By: AMF | |
| 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.

X De Que in 9-16-05
Signature of Authorized Person Date

Print or Type Name of Authorized Person



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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

VEAR 2003

| (FORM MUST BE TYPED | | | | | | | | |
|---|---|--|-------------------------------|--|----------------------|---------------|---------------|--|
| 1. ID No 125831 | | name of the limited liability company PEPPERONI'S PIZZA, LLC | | | | | | |
| 3 State of Formation | tte of Formation 4. Brief description of the character of the business wh | | | | node Island | _ | | |
| RHODE ISLAND | | | | | | | | |
| 5. Principal office address | | | | City | State | | Zip | |
| 650 Washington Hwy. | | | | Lincoln | RI | | 02865 | |
| 6. MAILING ADDRE | SS OF L | MITED LIABILIT | Y COMPANY AND NA | AME OR TITLE OF CONTAC | T PERSON: | | | |
| Joseph Raheb | | | | Gontact Title Attorney | • 1 | | | |
| Street Address | | | | City | State | | Zip | |
| 650 Washingto | on Hwy | • | | Lincoln | RI | | 02865 | |
| | | FILL IN SPACE | S BEFORE USING AT | IABILITY COMPANY, IF AF ITACHMENTS ("X" BOX 5 FILING OF AMENDMENT, Manager Name | FOR ATTACHMENT, | _ | ó-52 | |
| Jose I. Ferreira | | | Victor Martine | Victor Martinez | | | | |
| Sirect Address 4 Fairview Circle | | | Sireci Address 18 Birch Stree | Sirect Address 18 Birch Street | | | | |
| Barrington | | State RI | ^{2ip} 02806 | <i>Gliv</i> Attleboro | State MA | | 2.tp 02703 | |
| Manager Name | | | | Manager Name | Manager Name | | | |
| Street Address | | | Street Address | Street Address | | | | |
| City | - | State | Zip | City | State | | Zip | |
| 8. RESIDENT AGENT Agent Name JOSEPH RAHEB, ESQ. | | ODE ISLAND - DO | O NOT ALTER - Char | iges require filing of Form Address | n 642 - R.I.G.L. 7-1 | 6-11 | ' | |
| Address 650 WASHINGTON HIGHWAY | | | | City LINCOLN | | Ζιρ 02865- | | |

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



| | FILED |
|-------------|--------------------------------|
| File Date _ | OCT 1 4 2003 |
| Check No. | 001 14 2003 |
| | (BV) 600000 |
| By: | |
| F | OR 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.

Signifier of Authorized Person

Jose 1. Ferreira

Print or Type Name of Authorized Person