



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)

1. ID No. 119634		2. Exact name of the limited liability company Tigger's Restaurant, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Restaurant			
5. Principal office address 53 Woodside Avenue		City PAWTUCKET	State RHODE ISLAND	Zip 02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Ernest Legendre		Contact Title Member			
Street Address 53 Woodside Avenue		City Pawtucket	State Rhode Island	Zip 02861	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name R. Kevin Horan		Address			
Address 393 Armistice Blvd.		City Pawtucket	Zip 02861		

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



1 1 9 6 3 4

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.

File Date	3/1/06
Check No.	4583 MA91353
By:	JMcC
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person: *[Signature]* Date: 1.3.06
Print or type Name of Authorized Person: Ernest Legendre



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 119634		2. Exact name of the limited liability company Tigger's Restaurant, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Restaurant			
5. Principal office address 15 Burke Street		City Pawtucket	State Rhode Island	Zip 02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Ernest Legendre		Contact Title Member			
Street Address 15 Burke Street		City Pawtucket	State Rhode Island	Zip 02861	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 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	City	State	Zip
Manager Name		*Manager Name			
Street Address		*Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L 7-16-11					
Agent Name R. Kevin Horan, Esq.		Address 393 Armistice Blvd.			
Address P.O. Box A		City Pawtucket	Zip 02861-0912		

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIVISION
 APR - 1 AM 11 2005

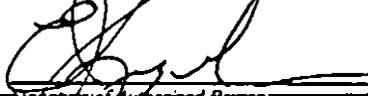
This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 1 9 6 3 4

FILED
File Date APR 01 2005
Check No.
By: Kmc mg 2011
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.


 Signature of Authorized Person
 Date: 3/31/05
 Ernest J. Legendre
 Print or type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 119634		2. Exact name of the limited liability company Tigger's Restaurant, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Restaurant			
5. Principal office address 15 Burke Street		City Pawtucket	State RI	Zip 02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Ernest Legendre			Contact Title Member		
Street Address 15 Burke Street		City Pawtucket	State RI	Zip 02861	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name R. KEVIN HORAN, ESQ.			Address 393 ARMISTICE BOULEVARD		
Address P.O. BOX A		City PAWTUCKET	Zip 02861-0901		

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



* 1 1 9 6 3 4 *

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.

File Date	10/22/03
Check No.	3818
By:	
FOR SECRETARY OF STATE USE ONLY	

Signature of Authorized Person

10/14/03
Date

Ernest Legendre
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 119634		2. Exact name of the limited liability company Tigger's Restaurant, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Restaurant	
5. Principal office address 535 Central Pike		City Scituate	State R. I.
		Zip 02857	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Ernest Legendre		Contact Title Member	
Street Address 535 Central Pike		City Scituate	State Rhode Island
		Zip 02857	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name R. KEVIN HORAN, ESQ.		Address 393 ARMISTICE BOULEVARD	
Address P.O. BOX A		City PAWTUCKET	Zip 02861-0901

FILED

OCT-03-2002

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

By *ERNEST LEGENDRE*
292046



* 1 1 9 6 3 4 *

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.

Ernest Legendre *10/1/02*
Signature of Authorized Person Date

ERNEST LEGENDRE

Print or Type Name of Authorized Person

File Date
Check No.
By:
FOR SECRETARY OF STATE USE ONLY