



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. 123239 | | 2. Exact name of the limited liability company Westerly Foods, LLC | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island TO OWN AND OPERATE A WENDY'S RESTAURANT | |
| 5. Principal office address 887 GREENWICH AVENUE | | City WARWICK | State RI |
| | | Zip 02886- | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name HARVEY A BENNETT, JR. | | Contact Title MEMBER | |
| Street Address 887 GREENWICH AVENUE | | City WARWICK | State RI |
| | | Zip 02886- | |
| 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 | City | State | Zip |
| Manager Name | | *Manager Name | |
| Street Address | | *Street Address | |
| City | State | Zip | City |
| State | 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 ROBERT D. WIECK, ESQ. | | Address 101 DYER STREET, SUITE 400 | |
| Address MACADAMS & WIECK INCORPORATED | | City PROVIDENCE | Zip 02903- |

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



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| | |
|---------------------------------|----------|
| File Date | 10/18/05 |
| Check No. | 14314 |
| 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.

Signature of Authorized Person Date 10/11/05
Harvey A. Bennett, Jr.
Print or Type Name of Authorized Person



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123239 DLLC 09/09/04 10:13:20 AM
File Date 10-6-04
Check No. 13186
By: ca
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.

Harvey A. Bennett, Jr. 9/17/04
Signature of Authorized Person Date
Harvey A. Bennett, Jr.
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

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123239 DLLC 09/16/03 10:55:09 AM

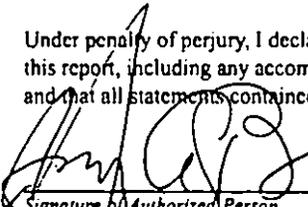
File Date 9-29-03

Check No. 11606

By: AMB

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

9/20/03
Date

Harvey A. Bennett
Print or Type Name of Authorized Person