



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 112539		2. Exact name of the limited liability company Francesca Enterprises, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island DEVELOPMENT AND SALE OF FOOD RELATED PRODUCTS	
5. Principal office address 1260 OAKLAWN AVENUE		City CRANSTON	State RI
		Zip 02920-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BRUCE DELUCIA		Contact Title MANAGER	
Street Address 1260 OAKLAWN AVENUE		City CRANSTON	State RI
		Zip 02920-	
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 BRUCE DeLUCIA		*Manager Name NONE	
Street Address 1260 OAKLAWN AVENUE		*Street Address .	
City CRANSTON	State RI	Zip 02920	*City .
*Manager Name NONE		*NONE	
Street Address .		*Street Address .	
City .	State .	Zip .	*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 ADLER POLLOCK & SHEEHAN P.C.		Address ONE CITIZENS PLAZA, 8TH FLOOR	
Address .		City PROVIDENCE	Zip 02903-

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



1 1 2 5 3 9

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

BRUCE DeLUCIA

Print or Type Name of Authorized Person

112539 DLLC 09/07/05 11:05:23 AM

File Date 9/21/05

Check No. 4269 M77615

By: KML

FOR SECRETARY OF STATE USE ONLY



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. 112539	2. Exact name of the limited liability company Francesca Enterprises, LLC
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3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island DEVELOPMENT AND SALE OF FOOD RELATED PRODUCTS
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5. Principal office address 1260 OAKLAWN AVENUE	City CRANSTON	State RI	Zip 02920-
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:	
Contact Name BRUCE DeLUCIA	Contact Title MANAGER

Street Address 1260 OAKLAWN AVENUE	City CRANSTON	State RI	Zip 02920-
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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 BRUCE DeLUCIA	• Manager Name NONE
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Street Address 1260 OAKLAWN AVENUE	• Street Address
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City CRANSTON	State RI	Zip 02920	• City	• State	• Zip
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Manager Name NONE	• Manager Name NONE
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Street Address	• Street Address
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City	State	Zip	• City	• State	• Zip
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8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name ADLER POLLOCK & SHEEHAN P.C.	Address 2300 FINANCIAL PLAZA
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Address	City PROVIDENCE	Zip 02903-
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This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 1 2 5 3 9

112539 DLLC 09/09/04 12:13:26 PM
File Date <u>9.22.04</u>
Check No. <u>3894</u>
By: <u>[Signature]</u>
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] 9/20/04
Signature of Authorized Person Date

BRUCE DeLUCIA
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. 112539	2. Exact name of the limited liability company Francesca Enterprises, LLC
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island DEVELOPMENT AND SALE OF FOOD RELATED PRODUCTS

5. Principal office address 1260 OAKLAWN AVENUE	City CRANSTON	State RI	Zip 02920-
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BRUCE DELUCIA	Contact Title MANAGER		

Street Address 1260 OAKLAWN AVENUE	City CRANSTON	State RI	Zip 02920-
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7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILE 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			
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Manager Name BRUCE DeLUCIA	• Manager Name • NONE
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Street Address 1260 OAKLAWN AVENUE	• Street Address •
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City CRANSTON	State RI	Zip 02920	• City •	• State •	• Zip •
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Manager Name NONE	• Manager Name • NONE
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Street Address •	• Street Address •
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City •	• State •	• Zip •	• City •	• State •	• Zip •
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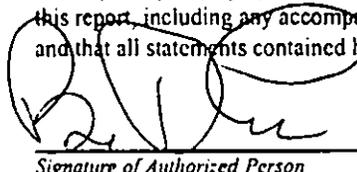
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name ADLER POLLOCK & SHEEHAN P.C.	Address 2300 FINANCIAL PLAZA		
Address	City PROVIDENCE	Zip 02903-	

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



112539 DLLC 09/11/03 11:11:15 AM
File Date <u>10-31-03</u>
Check No. <u>3595</u>
By: <u>2</u>
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.


10/28/03

Signature of Authorized Person

Date

BRUCE DeLUCIA

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. *112539*	2. Exact name of the limited liability company Francesca Enterprises, LLC
3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island DEVELOPMENT AND SALE OF FOOD RELATED PRODUCTS

5. Principal office address 1260 OAKLAWN AVENUE	City CRANSTON	State RI	Zip 02920-
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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:	
Contact Name BRUCE DeLUCIA	Contact Title MANAGER

Street Address 1260 OAKLAWN AVENUE	City CRANSTON	State RI	Zip 02920
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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 BRUCE DeLUCIA	• Manager Name NONE
Street Address 1260 OAKLAWN AVENUE	• Street Address .
City CRANSTON	• City .
State RI	• State .
Zip 02920	• Zip .
Manager Name NONE	• Manager Name NONE
Street Address .	• Street Address .
City .	• City .
State .	• 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 ADLER POLLOCK & SHEEHAN P.C.	Address 2300 FINANCIAL PLAZA
Address	City PROVIDENCE
	Zip 02903-

RECEIVED
 SECRETARY OF STATE
 OCT 21 4 22 PM '02

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



112539 DLLLC9/24/0211:18:26 AM

File Date 10/21/2002

Check No. 3344

By: [Signature]

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] 10/11/02

Signature of Authorized Person Date

BRUCE DeLUCIA

Print or Type Name of Authorized Person

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 112539

Annual Report for the year 2001

1. The name of the limited liability company is:

Francesca Enterprises, LLC

2. The address of the principal office of the limited liability company is:

1260 Oaklawn Avenue, Cranston, RI 02920

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: ADLER POLLOCK & SHEEHAN P.C.

2300 FINANCIAL PLAZA PROVIDENCE RI 02903-

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: 1260 Oaklawn Avenue, Cranston, RI 02920

Attn: Bruce DeLucia

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: to engage in any business which a limited liability partnership may carry on, except the provision of professional services, including the development and sale of food related products.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Bruce DeLucia

1260 Oaklawn Avenue, Cranston, RI 02920

Dated 9-26-01

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.



Francesca Enterprises, LLC

Exact Name of Limited Liability Company

By Bruce DeLucia

Manager

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10-2-01

Check No.: 1010

By: AMF

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be