



**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. <b>120448</b>		2. Exact name of the limited liability company <b>ROCHS FRESH FOODS, LLC</b>	
3. State of Formation <b>RHODE ISLAND</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>REAL ESTATE</b>	
5. Principal office address <b>1480 MAIN ST</b>		City <b>W.W.</b>	State <b>RI</b>
			Zip <b>02893</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name <b>RAY ROCH</b>		Contact Title <b>PRESIDENT</b>	
Street Address <b>1480 MAIN ST</b>		City <b>W.W.</b>	State <b>RI</b>
			Zip <b>02893</b>
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 <b>RAYMOND ROCH</b>		Manager Name	
Street Address <b>44 POJAR PT</b>		Street Address	
City <b>N.K.</b>	State <b>RI</b>	Zip <b>02852</b>	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 <b>RAYMOND J ROCH</b>		Address	
Address <b>1480 MAIN STREET</b>		City <b>WEST WARWICK</b>	Zip <b>02893</b>

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



File Date	<b>9/29/05</b>	*120448*
Check No.	<b>1016</b>	
By:		
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.

**Raymond J Roch** **9/14/05**  
Signature of Authorized Person Date  
**RAYMOND J ROCH**  
Print or Type Name of Authorized Person



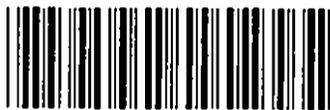
**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 120448		2. Exact name of the limited liability company ROCHS FRESH FOODS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address			City	State	Zip
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name RAYMOND J ROCH			Contact Title president		
Street Address 1183 Boston Neck Road			City Narragansett	State RI	Zip 02882
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 RAYMOND J ROCH			Manager Name		
Street Address 44 POJAC PT			Street Address		
City N. Kingstown	State RI	Zip 02852	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 RAYMOND J. ROCH			Address		
Address 1480 MAIN STREET			City WEST WARWICK	Zip 02893-	

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



\* 1 2 0 4 4 8 \*

File Date	11/15/04
Check No.	1006
By:	WJ
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.

RAYMOND J ROCH 9/25/04  
Signature of Authorized Person Date  
RAYMOND J ROCH  
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. 120448		2. Exact name of the limited liability company ROCHS FRESH FOODS, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE			
5. Principal office address 1480 Main ST		City W. Warwick	State RI	Zip 02893	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name RAY ROCH			Contact Title president		
Street Address 1480 Main ST		City West Warwick	State RI	Zip 02893	
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					
Manager Name Raymond Roch			Manager Name		
Street Address 1183 Boston Neck Rd			Street Address		
City Narragansett	State RI	Zip 02882	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 RAYMOND J. ROCH			Address		
Address 1480 MAIN STREET			City WEST WARWICK	Zip 02893-	

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



\* 1 2 0 4 4 8 \*

File Date 11/5/03  
 Check No. 4945  
 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.

Raymond J Roch 9/15/03  
 Signature of Authorized Person Date  
RAYMOND J ROCH  
 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. 120448		2. Exact name of the limited liability company ROCHS FRESH FOODS, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island REAL ESTATE	
5. Principal office address 1183 Boston Neck Rd		City Narragansett	State RI
		Zip 02882	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name RAYMOND J ROCH		Contact Title President	
Street Address 1183 Boston Neck Road		City Narragansett	State RI
		Zip 02882	
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 RAYMOND ROCH		Manager Name	
Street Address 1480 Main St		Street Address	
City W. WARWICK	State RI	City	State
Zip 02893		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 RAYMOND J. ROCH		Address	
Address 1480 MAIN STREET		City WEST WARWICK	Zip 02893-

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



\* 1 2 0 4 4 8 \*

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 10.30.02  
Check No. 2619  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

Raymond J Roch 10/15/02  
Signature of Authorized Person Date  
RAYMOND J ROCH  
Print or type Name of Authorized Person