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.	*2. Exact name of the limited liability company*
125450	Celestial Cafe, LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
RHODE ISLAND	RESTAURANT

5. Principal office address	*City*	*State*	*Zip*
567 South County TR.	EXETER	RI	02822

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
CHERYL A. ZANNELLA	President

Street Address	*City*	*State*	*Zip*
95 HALF Moon Tr.	Wakefield	RI	02879

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*
Branden Read	
Street Address	*Street Address*
PO Box 363	
City / *State* / *Zip*	*City* / *State* / *Zip*
Charlestown / RI / 02813	
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	*Address*
CHERYL ANN ZANNELLA	

Address	*City*	*Zip*
95 HALF MOON TRAIL	WAKEFIELD	02879-

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

[redacted] [redacted]

File Date 11-08-05 *125458*
Check No. 10123
By: LAP
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.

Cheryl A. Zannella 9/10/05
Signature of Authorized Person *Date*

[redacted] CHERYL A. ZANNELLA
Print or Type Name of Authorized Person

Form 632 Rev. 7/03

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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
125458	Celestial Cafe, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	RESTAURANT

5. Principal office address	City	State	Zip
567 South County Trail	Exeter	RI	02822

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Cheryl A. Zannella	President

Street Address	City	State	Zip
95 Half Moon Tr.	Wakefield	RI	02879

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	Street Address	City	State	Zip
Branden N. Read	P.O. Box 363	Charlestown	RI	02813
Manager Name	Street Address	City	State	Zip
	/	/		
Manager Name	Street Address	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	Address	City	Zip
CHERYL ANN ZANNELLA	95 HALF MOON TRAIL	WAKEFIELD	02879-

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

[redacted] [redacted]

* 1 2 5 4 5 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.

Cheryl A. Zannella 9/20/04
Signature of Authorized Person *Date*

[redacted] CHERYL A. ZANNELLA
Print or Type Name of Authorized Person

File Date 11/8/04
Check No. 1743
By: D.

FOR SECRETARY OF STATE USE ONLY

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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No	2. Exact name of the limited liability company
125458	Celestial Cafe, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	Restaurant

5. Principal office address	City	State	Zip
95 HALF moon TRAIL	Wakefield	RI	02879

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
CHERYL A. ZANNELLA	President

Street Address	City	State	Zip
95 HALF moon Tr.	Wakefield	RI	02879

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
CHERYL A. ZANNELLA	
Street Address	Street Address
95 HALF MOON TRAIL	
City / State / Zip: Wakefield / RI / 02879	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	Address	
CHERYL ANN ~~CARELLA~~ ZANNELLA		
Address: 95 HALF MOON TRAIL	City: WAKEFIELD	Zip: 02879-

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

[redacted] *125458* [redacted]

File Date	10/27/03
Check No.	757
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.

Cheryl A. Zannella
Signature of Authorized Person *Date*

CHERYL A. ZANNELLA
Print or Type Name of Authorized Person