



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. 125450		2. Exact name of the limited liability company Celestial Cafe, 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 567 South County TR.		City EXETER	State RI
		Zip 02822	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CHERYL A. ZANNELLA		Contact Title President	
Street Address 95 HALF MOON TR.		City WAKEFIELD	State RI
		Zip 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 BRANDEN READ		Manager Name	
Street Address PO Box 363		Street Address	
City CHARLESTOWN	State RI	City	State
	Zip 02813		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 CHERYL ANN ZANNELLA		Address	
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.



File Date	11-08-05	125450*
Check No.	10123	
By:	UP	
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 9/1/05
Signature of Authorized Person Date
CHERYL A. ZANNELLA
Print or Type Name of Authorized Person



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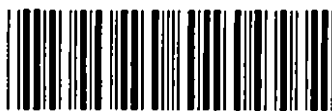
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 125458		2. Exact name of the limited liability company Celestial Cafe, 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 567 South County Trail		City EXETER		State RI	Zip 02822
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name CHERYL A. ZANNELLA			Contact Title President		
Street Address 95 HALF MOON TR.		City WAKEFIELD		State RI	Zip 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 BRANDEN N. READ			Manager Name		
Street Address P.O. Box 363			Street Address		
City CHARLSTOWN	State RI	Zip 02813	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 CHERYL ANN ZANNELLA			Address		
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.



* 1 2 5 4 5 8 *

File Date	11/8/04
Check No.	1743
By:	D.
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 9/20/04
Signature of Authorized Person Date
CHERYL A. ZANNELLA
Print or Type Name of Authorized Person



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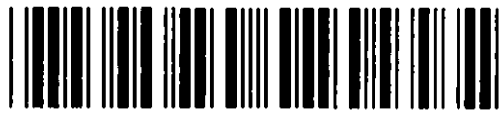
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 125458		2. Exact name of the limited liability company Celestial Cafe, 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 95 HALF MOON TRAIL		City Wakefield	State RI
		Zip 02879	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name CHERYL A. ZANNELLA		Contact Title President	
Street Address 95 HALF MOON TR.		City Wakefield	State RI
		Zip 02879	
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Manager Name CHERYL A. ZANNELLA		Manager Name	
Street Address 95 HALF MOON TRAIL		Street Address	
City Wakefield	State RI	City	State
Zip 02879		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 CHERYL ANN ZANNELLA		Address	
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.



* 1 2 5 4 5 8 *

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.

Signature of Authorized Person Date

CHERYL A. ZANNELLA
Print or Type Name of Authorized Person