



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 02903-1333
 401.222.304

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. 140158 | | 2. Exact name of the limited liability company Lena Food, LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of the business which is actually conducted in Rhode Island food market | | | |
| 5. Principal office address 22 Mason Ave 102 Rolfe Street | | City Cranston | State RI | Zip 02910 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name Yelena Bondarenko | | | Contact Title owner | | |
| Street Address 22 Mason Ave (Home) | | City Cranston | State RI | Zip 02910 | |
| 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 | 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 YELENA BONDARENKO | | | Address | | |
| Address 102 ROLFE STREET | | | City CRANSTON | Zip 02910 | |

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



| | | |
|---------------------------------|----------|----------|
| File Date | 10/12/05 | *140158* |
| Check No. | 1599 | |
| By: | AMP | |
| 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.

Yelena Bondarenko
 Signature of Authorized Person Date
 Yelena Bondarenko
 Print or Type Name of Authorized Person