

# 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
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2005

	ember 1 - November 1 <sub>.</sub> D OR PRINTED IN BIACK)	• Filing Fee: \$50.00				
1 ID No.		net name of the limited liability company				
112377	Krazy Koncepts LLC					
3. State of Formation	4 Brief description	on of the character of the histories	which is actually conducted in Rhode I	skind		
RHODE ISLAND		RESTAURANT				
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485 Branch	n Avenue		Providence	RI	i i	
6. MAILING ADDR	RESS OF LIMITED LIABI	LITY COMPANY AND NA	ME OR TITLE OF CONTACT PI	ERSON:	02904	
Contact Name			Contact Title			
<u>Linda Andı</u>	ceoli		Manager			
Street Address		·	City	State	Ζφ	
485 Branch	n Avenue		Providence	RI	02904	
7. NAME AND ADI	DRESS OF EACH MANAG	GER OF THE LIMITED LL	ABILITY COMPANY, IF APPLIC	CABLE	1, 02201,	
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Manager Name		<b></b>	ILING OF AMENDMENT, R.I.G.L. 7-16-12 (2) (2) / 7-16-52  Manager Name			
Linda A	ndreoli		in the second se			
Sirect Address			Street Address			
485 Bra	nch Avenue					
City	Stair	2.ψ	City	State	Zíp	
Providence	RI	02904	<b>.</b>			
Manager Name			Manager Name	•	•••••••••••••••••••••••••••••••	
Street Address			Street Address			
City	State	Zip	Otty	State	Zıp	
8. RESIDENT AGES	 NT IN RHODE ISLAND .	DO NOT ALTER Chase	: es require filing of Form 642		. I <u>.</u> . <u>.</u>	
Agent Name	VI III KIIODE III KIIO	DO NOT ALTER - Chang	Address	! • R.I.G.L. 7-16-11	•	
JOHN J. DESIMONE	, ESQ.					
Address			City	Zip		
735 SMITH STREET			PROVIDENCE 02908-		8.	
			<del></del>		-	

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

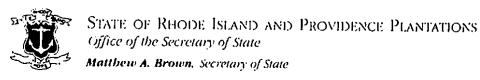
File Daie 8/15/06 *112377*	_
Check No	-
FOR SECRETARY OF STATE USE ONLY	-

Under penalty of perjury, I declare and affirm that I have examined this repor
including any accompanying schedules and statements, and that all statements
contained herein are true and correct.

Signature of Authorized Person

With.

Print or Type Name of Authorized Person



Corporations Division 100 North Main Street Providence, RI 02903-1335

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_ Filling Period: September 1 - November 1 - • Filling Fee: \$50.00

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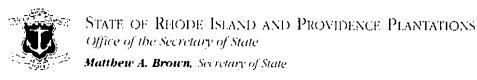
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1. ID No	2. Exact	2. Exact name of the limited hability company						
112377	Krazy	Krazy Koncepts LLC						
3 State of Formation		4 Brief description of	the charac	ter of the husiness u	thich is actually conducted in Rhode Isla	nd	<u> </u>	<del></del> -
RHODE ISLAND		FAST FOOD RE	STAURA	NT				
5 Principal office address		·			City	State	<del></del>	Zip
485 Branch	h Ave	enue			Providence	R	I	02904
6. MAILING ADDRE	SS OF L	IMITED LIABILITY	COMP	ANY AND NAM	E OR TITLE OF CONTACT PER			, ,,,,,
Contact Name					Contact Title			
<u>Linda Andı</u>	reoli				Manager			
Sinvet Address					Güy	State		Zip
485 Branch	ı Ave	nue			Providence	R	I	02904
7. NAME AND ADDE	RESS OF	EACH MANAGER	OF THE	LIMITED LIA	BILITY COMPANY, IF APPLICA		_	0230:
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AN	Y MODI	FICATIONS TO MA	NAGER:	S REQUIRES F	ILING OF AMENDMENT, R.I.G.	L. 7-16-12 (	a) (2) / 7-16	-52
Manager Name					Manager Name	Manager Name		
Linda Andı	eoli							
Sirvet Address	_	<del>_</del>		<del></del>	Street Address			
485 Branch	) Ave	nue						
City		State	Zip	<del></del>	City-	State	<del></del>	Zip
Providence	<u>}</u>	RI		02904				,
Manager Name		•	•		Manager Name		•••••••••••••••••••••••••••••••••••••••	******************************
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City		<u> </u>				<del></del>		
eni.	-	State	Zip		City:	State		Z(p
8. RESIDENT AGENT	1 1N RH <i>(</i>	ODE ISLAND - DO	NOT AL	TER Chamum	: s require filing of Form 642 -		·	
Agent Name			NOI AL	.rek - Change	Address	K.1.G.L. 7-)	10-11	
JOHN J. DESIMONE,	ESU							
Address	LJU.	<u>.</u>		<del></del>	<del>-</del>		<del>, _</del> _	
					City	z.ip		
735 SMITH STREET		<del></del>			PROVIDENCE		02908-	

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



File Date	6/30/05
Check No	499
Ву:	DA
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have e including any accompanying schedules and statements, and	xamined this report that all statements
containe Oncrein are true and correct.	1 .
Timbo Andrille 6	/27/05
Signiture of Authorized Person Date	7
LINDA ANDRIAL.	
Print or Type Name of Authorized Person	



Corporations Dursion 100 North Main Street Providence, RI 02903-1335 401-222 3040

2003

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST RE TYPED OR PRINTED IN BLACK)

1 ID No		name of the limited liabil	it; compan)			<del></del>	
112377		Krazy Koncepts LLC					
3 State of Formation 4 Brief description of the character of the histness and				which is actually conducted in Rhyde Is	land	,	
RHODE ISLAND		FAST FOOD REST	AURANT				
5 Principal office address				Car	State	Zψ	
485 Bra	anch	Ave.		Providence	RI	02904	
6. MAILING ADDRE	SS OF L	MITED LIABILITY	COMPANY AND NAM	TE OR TITLE OF CONTACT PE	RSON:	•	
Contact Name				Contact Title			
Linda A	andre	011	<del></del>	Manager			
Street Address				Cių.	State	Zip	
485 Bra	anch	Ave.		Providence	R	1 02904	
7. NAME AND ADDI	RESS OF			BILITY COMPANY, IF APPLIC		_	
AN	Y MODII			ACHMENTS ("X" BOX FOR A TLING OF AMENDMENT, R.L.G			
Monager Name		TOMETON TO MAN.	Maria arountar	:	i.L. /-10-12 (;	1) (2) / /-10-52	
Linda A	\ndro	^1;		Manager Name			
Street Address	andre.	<del></del>					
485 Bra	anch .	Ave.		Street Address			
Cuy Provide	ence	State RI	2φ 02904	City	State	Zip	
Manager Name		***************************************	•••••••••••••••••••••••••••••••••••••••	Manager Name	Manager Name		
Street Address		<del></del> :	<del></del>	Street Address		·	
City Nate Zip				City	State	Zψ	
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	I IN RHO	DDE ISLAND - DO S	NOT ALTER - Change	es require filing of Form 642	· R.I.G.L. 7-1	6-11	
Agent Name			Address				
JOHN J. DESIMONE, E	sq	<u></u>					
Address 735 SMITH STREET						2:p 02908-	
			٠,٠,	<del></del>		<u> </u>	

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

* 1 1 2 3 7	7 *
File Dote 10 2705  Check No - 138	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examin	ed this report
including any accompanying schedules and statements, and that a	ill statements
including any accompanying schedules and statements, and that a contained herein are true and correct.	

Jonas - My

Date

Linda Andreoli

Pent or Type Name of Authorized Person



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

# 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) I. ID No. 2. Exact name of the limited liabilty company 112377 Krazy Koncepts LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island **FAST FOOD RESTAURANT RHODE ISLAND** 5. Principal office address State Cirv 485 Branch Avenue Providence 02904 RΙ 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title Linda Andreolli Manager Street Address State Zip 485 Branch Avenue Providence RΙ 02904 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 Linda Andreolli Sircei Address Street Address 485 Branch Avenue Cin State Zip City State Zip Providence RI 02904 Manager Name Manager Name Street Address \*Street Address City State .City Zip State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Igent Name Address JOHN J. DESIMONE, ESQ. Address City Zip 735 SMITH STREET **PROVIDENCE** 02908-

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



File Date	10.08.02	
Check No.	5672	
B <u>v.</u>	2.	
FOR SECRE	TARY 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 the all statements contained herein are true and correct.

- Paldilli Da Wa

Signature of Authorized Person

Linda Andreolli

Print or Type Name of Authorized Person



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

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### LIMITED LIABILITY COMPANY

ID	Number DLLC 112377	Annual Report for the year 2001
1.	The name of the limited liability compar	ny is:
	Krazy Koncepts LLC	
2.	The address of the principal office of the	e limited liability company is:
	485 Branch Avenue, Provi	dence
3.	The state or other jurisdiction under the	laws of which it is formed is RHODE ISLAND
4.	gent is: THOMAS A, TARRO, III ESQ.	
	SUMMIT EAST 300 CENTERVILLE RO	DAD, SUITE 330 WARWICK RI 02886-
5.	The current mailing address of the limit	ed liability company and the name or title of a person to whom communications
	may be directed are: _ Linda Andr	eolli, 485 Branch Avenue, Providence,
	Rhode Island 02904	
6.	A brief statement of the character of t	he business in which the limited liability company is actually engaged in this
	state: Fast Food Restaurant	Business
7.	If the limited liability company has mana Name	igers, the name and address of each manager of the limited liability company  Address
	Linda Andreolli	485 Branch Avenue, Providence, RI 02904
Dat	med March 27, 2002	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.
		Krazy Koncepts LLC
	1 1 2 3 7 7	Exact Name of Limited Liability Company
	FO SIL RULAR OF STATE USE ONLY:	1 strudie Canbreoli
	Date: APR 1 2 2002	
	k No.:	Manager Title
By:	By COM 27543-2	Form No. 632 Revised 01/99