



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. 112377		2. Exact name of the limited liability company Krazy Koncepts LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island FAST FOOD RESTAURANT	
5. Principal office address 485 Branch Avenue		City Providence	State RI
			Zip 02904
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Linda Andreoli		Contact Title Manager	
Street Address 485 Branch Avenue		City Providence	State RI
			Zip 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) <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 Linda Andreoli		Manager Name	
Street Address 485 Branch Avenue		Street Address	
City Providence	State RI	City	State
	Zip 02904		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 JOHN J. DESIMONE, ESQ.		Address	
Address 735 SMITH STREET		City PROVIDENCE	Zip 02908-

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



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 8/10/06

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

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100 North Main Street
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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Street Address 485 Branch Avenue			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
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Address 735 SMITH STREET			City PROVIDENCE		Zip 02908-

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 *

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.

Linda Andreoli 6/27/05
Signature of Authorized Person Date

LINDA ANDREOLI
Print or Type Name of Authorized Person

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



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)

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Street Address 485 Branch Ave.		Street Address	
City Providence	State RI	City	State
Zip 02904		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 JOHN J. DESIMONE, ESQ.		Address	
Address 735 SMITH STREET		City PROVIDENCE	Zip 02908-

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 Date	10/27/03
Check No	138
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 **Oct 23, 2003**

Linda Andreoli

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 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)

1. ID No. 112377		2. Exact name of the limited liability company Krazy Koncepts LLC	
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		Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Linda Andreolli		Contact Title Manager	
Street Address 485 Branch Avenue		City Providence	State RI
		Zip 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) <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 Linda Andreolli		Manager Name	
Street Address 485 Branch Avenue		Street Address	
City Providence	State RI	City	State
	Zip 02904		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 JOHN J. DESIMONE, ESQ.		Address	
Address 735 SMITH STREET		City PROVIDENCE	Zip 02908

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



* 1 1 2 3 7 7 *

File Date	10. 28. 02
Check No.	5672
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 10/25/02
Linda Andreolli
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



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

LIMITED LIABILITY COMPANY

ID Number DLLC 112377

Annual Report for the year 2001

1. The name of the limited liability company is:

Krazy Koncepts LLC

2. The address of the principal office of the limited liability company is:

485 Branch Avenue, Providence

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: THOMAS A. TARRO, III ESQ.

SUMMIT EAST 300 CENTERVILLE ROAD, SUITE 330 WARWICK RI 02886-

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Linda Andreolli, 485 Branch Avenue, Providence,

Rhode Island 02904

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Fast Food Restaurant Business

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Linda Andreolli

485 Branch Avenue, Providence, RI 02904

Dated March 27, 2002



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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

Exact Name of Limited Liability Company

By Linda Andreolli
Manager

Title

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

FILED	
FOR SECRETARY OF STATE USE ONLY	
File Date:	APR 12 2002
Check No.:	By: [Signature] 275432
By:	