



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. ID No.** 001661874

**2. Exact Name of the Limited Liability Company** RI Doughnut Venture Group, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

722513

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

RI DOUGHNUT VENTURE GROUP, LLC OPERATES PRODUCES AND SELLS FRESH DOUGHNUTS AND OTHER BAKED GOODS (WHOLESALE / RETAIL). ADDITIONALLY, IT SELLS JUICES, COFFEE AND TEA AT ITS RETAIL LOCATION. PLEASE NOTE, RI DOUGHNUT VENTURE GROUP LLC CONDUCTS BUSINESS UNDER THE NAME KNEAD DOUGHNUTS.

**5. Principal Office Address**

No. and Street: 32 CUSTOM HOUSE STREET  
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:  
No. and Street: 32 CUSTOM HOUSE STREET  
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	BRYAN GIBB	211 JEWETT STREET PROVIDENCE, RI 02908 USA
MANAGER	ADAM LASTRINA	9 JACOBY WAY SEEKONK, MA 02771 USA
MANAGER	TODD MACKEY	32 COBBLE HILL RD LINCOLN, RI 02865 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

TODD MACKEY 259 JUNIPER STREET EAST PROVIDENCE , RI 02914

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 2 Day of November, 2020 at 12:53:48 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.**

By TRACY WOOD  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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