



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 134189		2. Exact name of the limited liability company TK Coated Products LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island WHOLESALE OF BREADING BASKETS TO RESTAURANT SUPPLIERS	
5. Principal office address 2 Titus St		City Cumberland	State RI
		Zip 02804	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Steven Dolan		Contact Title President	
Street Address 2 Titus St		City Cumberland	State RI
		Zip 02804	
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 Steven Dolan		Manager Name Alan Nathan	
Street Address Hope St		Street Address Apple Tree Lane	
City Bristol	State RI	City Barrington	State RI
Zip 02806		Zip 02806	
Manager Name Jeffrey Nathan		Manager Name	
Street Address Bluff Rd		Street Address	
City Barrington	State RI	City	State
Zip 02806		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 STEVEN DOLAN		Address	
Address 2 TITUS STREET		City CUMBERLAND	Zip 02864

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



File Date	9/6/05	*134189*
Check No.	278	
By:	DA	
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: Jeffrey Nathan Date: 8/31/05
Print or Type Name of Authorized Person: Jeffrey Nathan



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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 134189		2. Exact name of the limited liability company TK Coated Products llc	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Wholesaler of breeding baskets to restaurant suppliers	
5. Principal office address 2 TITUS STREET		City CUMBERLAND	State RI
		Zip 02864-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Steven Dolan		Contact Title President	
Street Address 2 Titus Street		City Cumberland	State RI
		Zip 02864	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENT'S ("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 Steven Dolan		Manager Name	
Street Address 693 Hope Street		Street Address	
City Bristol	State RI	City	State
Zip 02809		Zip	
Manager Name Jeffrey Nathan		Manager Name	
Street Address 40 Water Way		Street Address	
City Barrington	State RI	City	State
Zip 02806		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 STEVEN DOLAN		Address 2 TITUS STREET	
Address		City CUMBERLAND	Zip 02864-

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



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134189 DLLC 09080406411:03 PM	
File Date	SEP 10 2004
Check No.	
By	By <u>Steven Dolan</u> <u>GD</u>
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.

Steven Dolan 9/9/04
Signature of Authorized Person Date
Steven Dolan
Print or Type Name of Authorized Person