

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

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I ID No		name of the limited habilit	у сотрану				
134189	TK Coa	ated Products IIc					
3. State of Formation		4. Brief description of the	character of the Inisiness wh	ich is actually conducted in R	bode Bland		
RHODE ISLAND		WHOLESALER OF	BREADING BASKETS 1	O RESTAURANT SUPP	LIERS		
5. Principal office addr	122		·	City	State	Z	ip
2 7:4	US.	+		Cumberlans	人 尺:	L (5884
6. MAILING ADDR	ESS OF L	MITED LIABILITY (OMPANY AND NAME	OR TITLE OF CONTAC	CT PERSON:	. '	
Conseque Manua		Dulan		Contact Title Presiden	•		
Sirver Address 2 Ti	tes	5+		Cumberlen	d state	Z	, 32864
		FILL IN SPACES I FICATIONS TO MAN	BEFORE USING ATTAC AGERS REQUIRES FIL	LLITY COMPANY, IF AF CHMENTS ("X" BOX ANG OF AMENDMENT, Manager Name	FOR ATTACHMENT	' i) [] i) (2) / 7-16-52	2
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Street Address	tope	State PT		Sirrei Address	Tree Ca	ne	
Car Bristol	• • • • • • • • • • • • • • • • • • • •	State RI	Zip	Barringh	Tree (a since	2 24	° 5 80€
Manager Name	eff,	my Na	than	Manager Name			
Sinvei Address	3/UX	+ RJ	,	Street Address			
City Barria	1,4, -	State Z	OT ALTER Chances	City	State	Zij	ל
8. RESIDENT AGE Agent Name	NT-IN RHO	ODE-ISLAND'- DO N	OT ALTER - Changes	require filing of Form	n 642 - R.I.G.L. 7-1	6-11	
STEVEN DOLAN							
Address			•	City	•	Zip	
2 TITUS STREET			-	CUMBERLAND	·	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	,	<u>2</u>	78	_
Ву:		0	4	_
	FOR SECR	ETARY C	F 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.

Signatury of Authorized Person Date

Jeffrey Nathan

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

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(FORM MUST BE TYP	ED OR PRINTED IN BL	ACK)				
1. ID No		t name of the limited liabilty company				
134189	TK Coated Produ	pated Products lic				
3. State of Formation	4. Brief deseri	ption of the character of the i	siness which is actually conducted in Rhode Island			
RHODE ISLAND	Wholesale	er of breading bas	kets to restaurant suppliers			
5. Principal office addi	See	<u> </u>	City	IState	Zip	
2 TITUS STREET			CUMBERLAND	RI	02864 -	
6. MAILING ADD	RESS OF LIMITED	T LARIE ITV COMPAS	I. NY AND NAME OR TITLE			
Contact Name	www.or English	CIMBICITY CONTRAL	*Contact Title	OF CONTACT P	ERSON:	
Steven Dola	ın		.President			
Street Address			City			
2 Titus Street			.Cumberland	Sinie RI	Zip	
7. NAME AND ADDRESS OF EACH MANAGER OF THE L				I	02864	
, , , , , , , , , , , , , , , , , , ,	ONESS OF EACH N	PACES BEFORE USING	IMITED LIABILITY COMI	PANY, IF APPLI	CABLE	
				OR ATTACHMENT)	Ш	
Manager Name	THE THE STATE OF T	S TO MINIMOERS REQUI	RES FILING OF AMENDMENT. R	L.I.G.L 7-16-12 (a) (a	2) / 7-16-52	
Steven Dolan			• Manager Name			
Sireet Address		 <u></u> -	•			
			· Street Address	· .		
693 Hope Stre	et					
75.			<u></u>			
City Bristol	State	Zip	City	State	Zip	
Bristol		Ζίρ 02809	City	State	Zip	
Bristol Manager Name	State RI	_ ·	City Manager Name	State	Zip	
Bristol <i>Manager Name</i> Jeffrey Natha	State RI	_ ·	Manager Name	State	Zip	
Bristol Manager Nume Jeffrey Natha Surci Address	State RI	_ ·	• • • • • • • • • • • • • • • • • • • •	State	Zip	
Bristol Manager Name Jeffrey Natha Sord Address 40 Water Way	RI RI	02809	Manager Name Street Address			
Bristol Munager Name Jeffrey Natha Suret Address 40 Water Way Cny	RI RI State		Manager Name	State	Zip	
Bristol Manager Name Jeffrey Natha Succi Address 40 Water Way Cny Barrington	State RI State RI		Manager Name Street Address City	State	Zip	
Bristol Munager Name Jeffrey Natha Soret Address 40 Water Way Cuy Barrington 8. RESIDENT AGER	State RI State RI		Manager Name Street Address City	State	Zip	
Bristol Monager Name Jeffrey Natha Soret Address 40 Water Way Chy Barrington 8. RESIDENT AGEN Agent Name	State RI State RI RI NT IN RHODE ISLAN		Street Address City anges require filing of Fo	State	Zip	
Bristol Manager Name Jeffrey Natha Sovet Address 40 Water Way Chy Barrington 8. RESIDENT AGEN Agent Name STEVEN DOLAN	State RI State RI RI NT IN RHODE ISLAN		Manager Name Street Address City	State	Zip	
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This report must be signed in ink-by an authorized person pursuant to 7-16-66.





134189	DLLC (9/68/04/04/18:03 PM*
File Date_	
Check No.	SEP 1 0 2004
	By CM

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

9/8/04

Steven Dolan

Print or Type Name of Authorized Person