

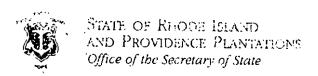
Matthew A. Meneu, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 461.222,3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **DOCKS**

| iling Period: Sep                       | tember 1 - Novem          | ber 1 • Filin                 | g Fee: \$50.00                              |                           |             |   |  |
|---|---------------------------|-------------------------------|---|---------------------------|-------------|---|--|
| 123092                                  | 2 Exact name of the limit | s, ill                        |   | ·                         |             | - |  |
| 3. State of Formation                   | 4. Bnef descript          | ion of the character of the b | usiness which is actually conducted in Rhod | le Island                 | <del></del> | _ |  |
| Rhock, Isk                              | and Retail                | Sales of clar                 | uts coffee bagei                            | s and other               | -baked good | K |  |
| 1735 S                                  | trafford Ro               | sacl                          | Tiverton                                    | State RI                  | 21p ()      |   |  |
| O. MAILING ADDRE:<br>Contact Name       | SS OF LIMITED LIAB        | ILITY COMPANY ANI             | NAME OR TITLE OF CONTACT                    | PERSON:                   |             |   |  |
| Konstan                                 | tinas Fran                | nankis                        | Contact Title  Member                       |                           |             |   |  |
| 1735 Stc                                |                           |                               |   | State                     | CESCES 425  | _ |  |
| NAME AND ADDE                           | RESS OF EACH MANA         | GER OF THE LIMITS             | Tiverton  Tiverton  Tiverton                | ICABLE DO NOTA            | ICT WEMPERS |   |  |
|   | FILL IN SI                | PACES BEFORE USIN             | G ATTACHMENTS ("X" BOX FO                   | OR ATTACHMENT) 🗍          | 151 MEMBERS |   |  |
| AN                                      | Y MODIFICATIONS T         | O MANAGERS REQU               | RES FILING OF AMENDMENT, R                  | .I.G.L. 7-16-12 (a) (2) / | 7-16-52     |   |  |
| lanager Name                            |                           |                               | Manager Name                                | Manager Name              |             |   |  |
|   |                           |                               |   |                           |             |   |  |
| itreet Address                          |                           |                               | Street Address                              |                           |             | - |  |
|   |                           |                               |   |                           |             |   |  |
| Cuty                                    | State                     | Zip                           | City  | State                     | Ζφ          |   |  |
| *************************************** |                           |                               | ·····                                       |                           |             |   |  |
| Hanager Name                            |                           |                               | Manager Name                                |                           |             |   |  |
| ireet Address                           | <del></del>               | <del></del>                   | Street Address                              | <del></del>               |             | _ |  |
|   |                           |                               | . Siver Address                             |                           |             |   |  |
| liry .                                  | State                     | Zip                           | City  | State                     | Zιρ         | - |  |
| . RESIDENT AGENT                        | I<br>IN RHODE ISLAND      | DO NOT ALTER . C              | :<br>hanges require filing of Form 6        | (42 - P.I.G.I. 7.16.11    | ļ           |   |  |
| gent Name                               |                           |                               | Address                                     | 712 - K.I.O.L. 7-10-11    |             |   |  |
| Konstan                                 | tinas Frai                | nonkis                        |   |                           | _           |   |  |
| ddress 01 00                            |                           | J                             | City  | Zip                       | - 0         | • |  |
| Stattorci Road                          |                           |                               | Tiverton                                    | Tiverton Cossos           |             |   |  |
|   |                           |                               |   |                           |             | - |  |
|   |                           |                               |   |                           |             |   |  |

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

| FILED .                         | Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements are true and correct.   |
|---------------------------------|--|
| Check No. — SV QQ               | COEROBANDIA SECRETARIA DIA SECRETARIA DI COEROBANDIA DI COEROBANDI |
| FOR SECRETARY OF STATE USE ONLY | Sonstantinos Transpilis  Print or Type Name of Authorized Person   |
|                                 | Form 632 Day 12/05   |



Matthew Z. Brown, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222 3040

| INITY ED LIABII<br>iling Period: Septembe                               |                              |                                | REPORT FOR THI                           | E YEAR              | <u> 200-</u>                     | <u>1</u>   |
|---|------------------------------|--------------------------------|--|---------------------|----------------------------------|--|
| 1 11) No 2. Exac<br>1 23092 TI  | t name of the limited liabil | lty company                    |  |                     | <u> </u>                         |  |
| 3 State of Formation  | 4 Brief description of th    | e character of the husiness wh | nch is actually conducted in Rhode Islan | nd                  | <del></del>                      | <del></del> -                                      |
| Rhode Iskad   | Retail Sal                   | es of doub                     | coffee maets                             | to boc              | her b                            | aked crod  |
| 1735 Statter A Read  MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND N |                              |                                | OR TITLE OF CONTACT PER                  | State<br>RI<br>SON: |                                  | 02878  |
| Consuct Name  Scostantine   |                              |                                | Contact Title                            |                     |                                  |  |
| 1735 Staff  | brd'Road                     | -                              | Cuy Tiverton                             | State               |                                  | D2878  |
| . NAME AND ADDRESS OF   | F EACH MANAGER (             | OF THE LIMITED LIAB            | ILITY COMPANY, IF APPLICA                | BLE - DO N          | OT LIST                          | MEMBERS  |
|   | FILL IN SPACES               | BEFORE USING ATTAC             | CHMENTS ("X" BOX FOR A                   | TACHMENT.           | } □                              |  |
| ANY MODI<br>Manager Name  | IFICATIONS TO MAI            | NAGERS REQUIRES FIL            | ING OF AMENDMENT, R.I.G.                 | L. 7-16-12 (a       | 1) (2) / 7-16                    | -52  |
|   |                              |                                | Manager Name                             |                     |                                  |  |
| ireet Address   |                              |                                | Street Address                           |                     |                                  | -  |
| Tuy   | State                        | Zip                            | City                                     | State               |                                  | Zıp  |
| lanager Name  |                              |                                | Manager Name                             |                     | **************                   | •••••  |
| ireet Address   | <del></del>                  |                                | Sireel Address                           |                     | <u> </u>                         | <del></del>  |
| iny.  | State                        | Zip                            | Cuy                                      | State               |                                  | Zip  |
| . RESIDENT AGENT IN RH  | ODE ISLAND - DO !            | <br>NOT ALTER - Changes        | require filing of Form 642 -             | R.I.G.L. 7-10       | 6-11                             |  |
| Konstantinos  | s. Francak                   | is                             | Address                                  |                     | 21                               | 7.   |
| daren   |                              | <u> </u>                       | City                                     |                     | Zip ===                          |  |
| Statterel   | Road                         |                                | Tiverton                                 |                     | C:3                              | <u>808</u>   |
|   |                              |                                |  |                     | (C)                              | . <u>.</u>   |
|   |                              |                                |  |                     |                                  |  |
|   |                              |                                |  |                     | ري                               |  |
|   |                              |                                |  |                     | ر<br>ر                           | •  |
|   |                              |                                |  |                     | _                                | - Si-2   |
|   | This report must be          | e executed by an author        | ized person pursuant to R.I.G.I          | L. 7-16-66 (b.      | ).                               |  |
|   |                              |                                |  |                     |                                  |  |
|   |                              |                                |  |                     |                                  |  |
|   |                              |                                |  |                     |                                  |  |
|   |                              |                                |  |                     |                                  |  |
| FILEI   | n                            | 1                              | Under penalty of perjury, l              | ng schedules a      | ffirm that I had not statements, | ve examined this report<br>and that all statements |
| ا سال معال ۱۱   |                              |                                | contained herein are true a              | іла сопесі.         |                                  |  |

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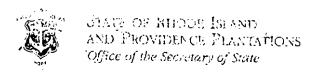
FOR SECRETARY OF STATE USE ONLY

Signature of Authorized Person

Konstantinos

Print or Type Name of Authorized Person

Form 632 PAU 13615



JAN 22-2007

FOR SECRETARY OF STATE USE ONLY

a Ment di Scotta, Scottagi of Marc Copyrianoris Division 148 W. River Street Providence, RI 02904-2615 401-222-3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

| iling Period: Se     | ptembér 1 - Novem         | iber 1 • Filii                          | ng Fee: \$50.00                      | 11 12                                |  |
|----------------------|---------------------------|---|--------------------------------------|--------------------------------------|--|
| 123092               | 2. Exact name of the ion  |   |                                      |                                      | -                                      |
| 3 State of Formation |                           | ion of the character of the b           | ousiness which is actually conducted | w Phode Island                       | <u> </u>                               |
| Shode ISL            | and Retails               | SalesofDo                               | nuts Coffee Box                      | . :.                                 | baked goods                            |
| 1735 S               | tafford Ro                | cicl                                    | Tiverton                             | State                                | 00308                                  |
| 6. MAILING ADDRI     | ESS OF LIMITED LIAB       | ILITY COMPANY AN                        | D NAME OR TITLE OF CON               | TACT PERSON:                         | ·                                      |
| Kanel                | 12005                     | 10 1-                                   | Contact Tule                         |                                      |  |
| Street Address       | muco min                  | akis                                    | nembe                                | <del></del>                          | · · · · · · · · · · · · · · · · · · ·  |
| 1735 S               | itatferd Rox              |   | Tivertor                             | State                                | 053JB                                  |
| 7. NAME AND ADD      | RESS OF EACH MANA         | GER OF THE LIMITE                       | ED LIABILITY COMPANY, IF             | APPLICABLE - DO NOT 1                | LIST MEMBERS                           |
|                      | FILL IN SI                | PACES BEFORE USIN                       | G ATTACHMENTS ("X" BO                | $DX$ FOR ATTACHMENT) $\square$       |  |
| Manager Name         | T MODIFICATIONS 1         | O MANAGERS REQU                         | IRES FILING OF AMENDME  Manager Name | NT, R.I.G.L. 7-16-12 (a) (2)         | / 7-16-52                              |
| Street Address       | <del></del>               | <u> </u>                                | Street Address                       |                                      | ·                                      |
|                      |                           | •                                       | Street Address                       |                                      |  |
| City                 | State                     | Zip                                     | Сйу                                  | Siate                                | Zip                                    |
| Manager Name         | ••••••••••••••••••••••••• | ••••••••••••••••••••••••••••••••••••••• | Manager Name                         |                                      | J                                      |
| Street Address       | <del></del> -             | · · · · · · · · · · · · · · · · · · ·   | Street Address                       | <del>-</del>                         |  |
| City                 | State                     | Zip                                     | City                                 | State                                | Lip                                    |
| B. RESIDENT AGEN     | i<br>T IN RHODE ISLAND    | . DO NOT ALTER C                        | Changes require filing of F          |                                      |  |
| Agent Name           |                           | 20 HOL MELER - C                        | Address                              | orm 042 - K.I.G.L. /-16-11           | •                                      |
| Kanstant             | n'ma Franco               | ikis                                    |                                      |                                      | .113                                   |
| Acidress             | nos manço                 | (171:3                                  |                                      |                                      | <u></u>                                |
|                      | afford Ron                | <u>d</u>                                | Tiverton                             | Zip (                                |  |
|                      |                           |   |                                      |                                      | ************************************** |
|                      |                           |   |                                      |                                      | )<br>O)                                |
|                      |                           |   |                                      |                                      |  |
|                      |                           |   |                                      |                                      | <b>P</b> : ,                           |
|                      |                           |   |                                      |                                      | <b>္က</b> မြွဲမွာမ်                    |
|                      |                           |   |                                      |                                      | ယ် <sup>ဩ</sup>                        |
|                      | This report               | must be executed by a                   | n authorized person pursuan          | 110 R I G T 7 16 66 (b)              |  |
|                      |                           |   | " unimerized person pursuan          | 110 K.I.O.I., 7-10-00 (b).           | 31-2                                   |
|                      |                           |   |                                      |                                      |  |
|                      |                           |   |                                      |                                      |  |
|                      |                           |   |                                      |                                      |  |
|                      |                           |   |                                      |                                      |  |
|                      |                           |   | Under penalty                        | of perjury, I declare and affirm the | at I have examined this report         |
| <del>-</del>         |                           |   | including any                        | accompanying schedules and state     | ements, and that all statements        |
| iie Date             | FILED                     | 72: 52                                  | 19 SS NAL Continued here             | праве и истани соглест.              |  |

ughorized Person

Konstantinos Francakis
Print or Type Name of Authorized Person

Form 637 Day 12/05