



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. 115997		2. Exact name of the limited liability company Jan Dough, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF OPERATING DOUGHNUT FRANCHISE			
5. Principal office address 35 SOCKANOSSET CROSS ROAD		City CRANSTON	State RI	Zip 02920	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name NICHOLAS W. JANIKIES			Contact Title MANAGER		
Street Address 35 SOCKANOSSET CROSS ROAD		City CRANSTON	State RI	Zip 02920	
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 NICHOLAS W. JANIKIES		Manager Name WILLIAM N. JANIKIES			
Street Address 35 SOCKANOSSET CROSS ROAD		Street Address 35 SOCKANOSSET CROSS ROAD			
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	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 BRIAN J. SPERO, ESQ.		Address 180 SOUTH MAIN STREET			
Address PARTRIDGE, SNOW & HAHN, LLP		City PROVIDENCE		Zip 02903	

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



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115997 DLLC 09/20/05 11:48:57 AM
File Date 10/19/2005
Check No. 130559
By: KML
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.

Nicholas W. Janikies 10/17/05
Signature of Authorized Person Date
NICHOLAS W. JANIKIES
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 115997		2. Exact name of the limited liability company Jan Dough, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island To engage in the business of operating doughnut franchise	
5. Principal office address 35 Sockanosset Cross Road		City Cranston	State RI
		Zip 02920	
Contact Name Brian J. Spero, Esq.		Contact Title Registered Agent	
Street Address 180 South Main Street		City Providence	State RI
		Zip 02903	
Manager Name Nicholas W. Janikies		Manager Name William N. Janikies	
Street Address 35 Sockanosset Cross Road		Street Address 35 Sockanosset Cross Road	
City Cranston	State RI	Zip 02920	City Cranston
			State RI
			Zip 02920
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Agent Name BRIAN J. SPERO, ESQ.		Address	
Address eg 180 SOUTH MAIN STREET		City PROVIDENCE	Zip 02903

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
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U:\Everyone\corpdata\COPY of 2003 RI LLC Annual Report Form.doc

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

File Date	3/21/05
Check No.	216595 M60835
By	EMC
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.

Nicholas W. Janikies 3/18/05
 Signature of Authorized Person Date

Nicholas W. Janikies, Manager
 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
401.222.3040

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)

1. ID No. 115997		2. Exact name of the limited liability company Jan Dough, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF OPERATING DOUGHNUT FRANCHISE			
5. Principal office address 35 SOCKANOSSET CROSSROADS			City CRANSTON	State RI	Zip 02920-
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name BRIAN J SPERO			Contact Title ESQ.		
Street Address 180 SOUTH MAIN ST.			City PROVIDENCE	State RI	Zip 02903-
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 NICHOLAS W. JANIKIES			*Manager Name		
Street Address 35 SOCKANOSSET CROSS ROAD			*Street Address		
City CRANSTON	State RI	Zip 02920	*City	*State	*Zip
Manager Name WILLIAM N. JANIKIES			*Manager Name		
Street Address 35 SOCKANOSSET CROSS ROAD			*Street Address		
City CRANSTON	State RI	Zip 02920	*City	*State	*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 BRIAN J. SPERO, ESQ.			Address 180 SOUTH MAIN STREET		
Address PARTRIDGE SNOW & HAHN LLP			City PROVIDENCE	Zip 02903-	

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



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115997 DLLL 10/22/03 03:22:58 PM

File Date NOV 04 2003

Check No. By M10959

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.

William Janikies 11/3/03
Signature of Authorized Person Date

William Janikies MANAGER
Print or Type Name of Authorized Person



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. *115997*		2. Exact name of the limited liability company Jan Dough, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF OPERATING DOUGHNUT FRANCHISE	
5. Principal office address 35 SOCKANOSSET CROSS ROAD		City CRANSTON	State RI
		Zip 02920-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name BRIAN J SPERO		Contact Title ESQ.	
Street Address 180 SOUTH MAIN ST.		City PROVIDENCE	State RI
		Zip 02903-	
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 NICHOLAS W. JANIKIES		Manager Name	
Street Address 35 SOCKANOSSET CROSS ROAD		Street Address	
City CRANSTON	State RI	City 02920	State Zip
Manager Name WILLIAM N. JANIKIES		Manager Name	
Street Address 35 SOCKANOSSET CROSSROADS		Street Address	
City CRANSTON	State RI	City 02920	State 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 BRIAN J. SPERO, ESQ.		Address 180 SOUTH MAIN STREET	
Address		City PROVIDENCE	Zip 02903-

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



* 1 1 5 9 9 7 *

115997 DLLLC9/30/0211:42:35 AM

File Date 10-31-02

Check No. 111426

By: AMF

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.

Nicholas W. Janikies 10/7/02
Signature of Authorized Person Date

NICHOLAS W. JANIKIES
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

LIMITED LIABILITY COMPANY

ID Number DLLC 115997

Annual Report for the year 2001

1. The name of the limited liability company is:

Jan Dough, LLC

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

35 Sockanosset Crossroads, Cranston, Rhode Island 02920

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: Brian J. Spero, Esq.

180 South Main Street, Providence, RI 02903

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: William N. Janikies, 35 Sockanosset Crossroads,

Cranston, Rhode Island 02920

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: To engage in the business of operating doughnut franchises.

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

Name	Address
<u>Nicholas W. Janikies</u>	<u>35 Sockanosset Crossroads, Cranston, RI 02920</u>
<u>William N. Janikies</u>	<u>35 Sockanosset Crossroads, Cranston, RI 02920</u>

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.

Date: _____

Jan Dough, LLC
Exact Name of Limited Liability Company

5.3.02
CA# 47-178
e

By William N. Janikies
William N. Janikies, Manager
Title