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 2004

Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.	2. Exact name of the limited liability company
121699	Newport Creamery, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	Restaurant business, retail and wholesale of ice cream products

5. Principal office address	City	State	Zip
35 Sockanosset Cross Road	Cranston	RI	02920

Contact Name	Contact Title
Nicholas W. Janikies	Manager

Street Address	City	State	Zip
35 Sockanosset Cross Road	Cranston	RI	02920

Manager Name	Manager Name
Nicholas W. Janikies	
Street Address	**Street Address**
35 Sockanosset Cross Road	
City / State / Zip	**City / State / Zip**
Cranston / RI / 02920	
Manager Name	**Manager Name**
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

Agent Name	Address
BRIAN J. SPERO, ESQ.	
Address	**City / Zip**
fg180 SOUTH MAIN STREET	PROVIDENCE 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.*

[redacted]

[redacted]

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.

3/18/05
Signature of Authorized Person *Date*

[redacted] Nicholas W. Janikies, Manager
Print or Type Name of Authorized Person

File Date 3/21/05
Check No. 122984 M660835
By [illegible]
FOR SECRETARY OF STATE USE ONLY

Form 632 Rev. 6/02

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

121699

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.	*2. Exact name of the limited liability company*
121699	Newport Creamery, LLC

3. State of Formation	*4. Brief description of the character of the business which is actually conducted in Rhode Island*
RHODE ISLAND	RESTAURANT BUSINESS, RETAIL AND WHOLESALE OF ICE CREAM PRODUCTS

5. Principal office address	*City*	*State*	*Zip*
35 Sockanosset Cross Road	Cranston	RI	02920

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	*Contact Title*
Nicholas W. Janikies	Manager

Street Address	*City*	*State*	*Zip*
35 Sockanosset Cross Road	Cranston	RI	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)*** ☐
ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52

Manager Name	*Street Address*	*City*	*State*	*Zip*
Nicholas W. Janikies	35 Sockanosset Cross Road	Cranston	RI	02920
Manager Name	*Street Address*	*City*	*State*	*Zip*
Manager Name	*Street Address*	*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	*Address*	*City*	*Zip*
BRIAN J. SPERO, ESQ.	PARTRIDGE, SNOW & HAHN, LLP	PROVIDENCE	02903-

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

* 1 2 1 6 9 9 *

File Date	FILED
Check No.	NOV 04 2003
By:	By M10958

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 — *Date* 11/3/03

WILLIAM JANIKIES MANAGER
Print or Type Name of Authorized Person

Form 632 Rev. 7/03

STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

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.	2. Exact name of the limited liability company
121699	Newport Creamery, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	Restaurant business, retail and wholesale of ice cream products

5. Principal office address	City	State	Zip
35 SOCKANOSSET CROSS ROAD	CRANSTON	RI	02920-

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
NICHOLAS W. JANIKIES	MEMBER

Street Address	City	State	Zip
35 SOCKANOSSET CROSS ROAD	CRANSTON	RI	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)* ☐

ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52

Manager Name	Street Address	City	State	Zip
NICHOLAS W. JANIKIES	35 SOCKANOSSET CROSS ROAD	CRANSTON	RI	02920

Manager Name	Street Address	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	Address	City	Zip
BRIAN J. SPERO, ESQ.	180 SOUTH MAIN STREET	PROVIDENCE	02903-

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

[redacted] *121699*

121699 DLLC9/30/0211:53:25 AM
File Date 10-31-02
Check No. 111424
By: AMF
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

[redacted] 10/7/02
Signature of Authorized Person *Date*

[redacted] NICHOLAS W. JANIKIES
Print or Type Name of Authorized Person

Form 632 Rev. 6/02