

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: \$5	0.00					
1. 10 No. 121699	2. Exact name of the lim Newport				· · · · · · · · · · · · · · · · · · ·			
3 State of Formation RHODE ISLA	4. Brief descript ND Resta:	4. Brief description of the character of the business which is actually conducted in Rhode Island Restaurant business, retail and wholesale of ice cream products						
5. Principal office addr 35 Sockano	ess sset Cross Road	d	Gny Cranston	State R I	Zip 02920			
Contact Name Nicholas W		ikelima (ikalima)	Contact Title Manager	Ministry (Marien) or the				
Street Address 35 Sockano	sset Cross Road	i	Ciry Cranston	State RI	7.ip 02920			
Manager Name	militaria de Maria.		文化。第一个多个 注:在1000年度上					
Nicholas W	. Janikies		• Manager Name •					
	sset Cross Road		*Street Address					
Clay Cranston	State R I	Zip 02920	*City	State	Zip			
Manager Name			*Manager Name	• • • • • • • • • • • • •	•••••••••••			
Street Address			·Sircet Address					
City	State	Zip	City	State	Zip			
gent Name BRIAN J. S:	PERO, ESQ.	nd681.40.304\$1444.	Address		在在 是一个节目的。			
Address fg180 SOUTH N	AAIN STREET		PROVIDENCE	Žip	0290გე თ			
	Copy of 2003 RI LLC Ann signed in ink by an	·	pursuant to 7-16-66.		RECEIVED CORPORATIONS DIV			
THE Date 1	lavios: Lusia	16 835	this report, including and that all statement Signature of Authorists	ury, I declare and affirm any accompanying scheens contained herein are in the scheen with the	dules and statements, are and correct.			
TO SECRETARY OF	TATE HOLEON	Andrews	Print or Type Name of A		27 114114901			

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 401.2223040

121699

LIMITEL DISDULL COMPANDIAN INVOLVE REPORT FOR THE YEAR _

2003

1 ID No.	2. Exact i	ZD IN BLACK) name of the limited hability company					
121699		Newport Creamery, LLC					
3. State of Formation	1 i	4. Brief description of the character of the business which is actually conducted in Rhode Island					
RHODE ISLAND RESTAURANT BUSINESS, RET.				i	•		
5. Principal office address 35 Sockanosset Cross Road				: :	City Cranston	State RI	<i>Ζφ</i> 02920
6. MAILING ADDE	ESS OF LE	MITED LIABI	LITY C	OMPANY AND S	NAME OR TITLE OF CONTAC	T PERSON:	•
Contact Name					Contact Title	·	
Nicholas	W. Jani	kies -	•		Manager		
Street Address					City	State	Zφ
35 Sockan	osset C	ross Road	i	ì	Cranston	RI	02920
		ICATIONS TO		- 1	ATTACHMENTS ("X" BOX F S FILING OF AMENDMENT, Manager Name) / 7-16-52
Manager Name, Nicholas	W. Jani	kies	MANA	- 1	s filing of amendment,) / 7-16-52
Manager Name. Nicholas Street Address 35 Sockan	W. Jani osset C	kies ross Road	D MANA	AGERS REQUIRE	Struct Address	R.I.G.L. 7-16-12 (2) (2	
Manager Name. Nicholas Street Address 35 Sockan	W. Jani osset C	kies ross Road	D MANA	AGERS REQUIRE	S FILING OF AMENDMENT, Manager Name) / 7-16-52 2φ
Manager Name. Nicholas Nick Address 35 Sockan City Cranston	W. Jani osset C	kies ross Road	D MANA	AGERS REQUIRE	STREET Address Gity	R.I.G.L. 7-16-12 (2) (2	
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Manager Name. Nicholas Street Address 35 Sockan City Cranston Manager Name Street Address City	W. Jani	ross Road State RI	O MANA	Zip 02920	Street Address Street Address Street Address	State State	Zip
Manager Name. Nicholas Street Address 35 Sockan City: Cranston Manager Name Street Address City 8. RESIDENT AGE	W. Jani osset C	ross Road State RI	O MANA	Zip 02920	Street Address City Manager Name Street Address City City anges require filing of Form	State State State State	Zip

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

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File Date	FILED
Check No.	NOV 04 2003
B _{V:}	By_ M10958
1	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

WILLIAM JANIKIES MANIAGEL
Print or Type Name of Authorized Person

Form 632 Rev. 7/03



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 liabilty 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 State City 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 ·Manager Name NICHOLAS W. JANIKIES Street Address Street Address 35 SOCKANOSSET CROSS ROAD City State City Zip State Zip CRANSTON RI 02920 Manager Name Manuger Name Sireei Address ·Sireei Address City State Zip State Ζэр 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.GL. 7-16-11 Agent Name BRIAN J. SPERO, ESQ. 180 SOUTH MAIN STREET Address City Zip PROVIDENCE 02903-

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

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FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I dec this report, including any accor and hat all statements contains	mpanying sche	dules and statements.
head John	فحراسيا	10/7/02
Signature of Authorized Person		Date
NICHOLAS W JA	MIKIES	

Print or Type Name of Authorized Person