

**STAMP** 

Annual Report for the year: 2021 **Limited Liability Company** 

→ Filing period: September 1 - November 1 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

| 1. Entity ID Number  | 2 5   |                   |                                 |                    | · · · · · · · · · · · · · · · · · · · |
|--|---|-------------------|---------------------------------|--------------------|---------------------------------------|
| 1. Childy ID Nomber  | 2. Exact name of the Limited Liability Company                              |                   |                                 |                    |                                       |
| 511262   | S&D EDDY, LLC   |                   |                                 |                    |                                       |
| 3. NAICS Code  | 4. Brief description of the character of business conducted in Rhode Island |                   |                                 |                    |                                       |
| 722513   |   |                   |                                 |                    |                                       |
| 5. State of Formation  | to operate a donut shop   |                   |                                 |                    |                                       |
|  |   |                   |                                 |                    | i                                     |
| Rhode Island   | <u> </u>  | <del></del>       |                                 |                    |                                       |
| 6. Principal Office Address  |   |                   | City                            | State              | Zip                                   |
| 115 Woodward Avenue  |   |                   | Narragansett                    | RI                 | 02882-0000                            |
| 7. Mailing Address of Limited Li   | ability Company   | and Name or Titl  |                                 |                    |                                       |
| Contact Name   |   |                   | Contact Title                   |                    |                                       |
| Steven Gabellieri  |   |                   | Manager                         |                    |                                       |
| Street Address   |   |                   | City                            | State              | Zip                                   |
| 115 Woodward Avenue  |   |                   | Narragansett                    | RI                 | 02882-0000                            |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name   |   |                   |                                 |                    |                                       |
| Steven Gabellieri  |   |                   | Manager Name                    |                    |                                       |
| Street Address   |   |                   | Street Address                  |                    |                                       |
| 115 Woodward Avenue  |   |                   |                                 |                    |                                       |
| City<br>Narragansett   | State<br>RI   | Zip 02882         | City                            | State              | Zip                                   |
| Manager Name   |   |                   | Manager Name                    |                    |                                       |
| Street Address   |   |                   | Street Address                  |                    |                                       |
| City   | State   | Zip               | City                            | State              | Zip                                   |
|  | _l,   | <u> </u>          | L                               | hack the how to in | digate on ettechment                  |
| Check the box to indicate an attachment  9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. |   |                   |                                 |                    |                                       |
|  |   |                   | mined this report, including an |                    |                                       |
| statements, and that all state   | ments containe  | ed herein are tru | e and correct.                  | y accompanying     | schedules and                         |
| Name of Authorized Person  |   |                   |                                 | Date               | <del></del>                           |
| Steven Gabellieri  |   |                   | Manager                         | 09/07/2021         |                                       |
| Signature of Authorized Person   |   |                   |                                 |                    |                                       |
| NE DUE   |   |                   |                                 |                    |                                       |
|  | <del> </del>  |                   |                                 |                    |                                       |

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED** 

