RI SOS Filing Number: 202101189080 Date: 9/9/2021 4:00:00 PM

	State of Rhode Island
	State of Rhode Island Department of S

f State - Business Services Division

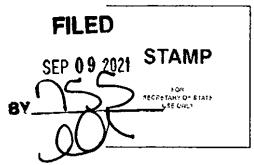
Annual Report for the year: 2021

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

Limited Liability Company

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



1. Entity ID Number	2 Exact name of the Limited Liebilia. Commen							
The strain of th	2. Exact name of the Limited Liability Company							
511265	S&D PONTIAC, 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							
Rhode Island								
6. Principal Office Address	<u>. </u>		City	<u> </u>	State			
			City		State	Zip		
115 Woodward Avenue				Narragansett	RI	02882-0000		
7. Mailing Address of Limited Lia	bility Company	and Name or Titl	e of Cont	act Person				
Contact Name			Contact Title					
Steven Gabellieri			Manager					
Street Address			City	NI	State	Zip		
115 Woodward Avenue			1	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			Street Address					
City :Narragansett	State RI	Zip 02882	City		State	Zip		
Manager Name			Manager Name					
Street Address								
Sireet Address			Street Address					
City	State	Zip	City		State	Zip		
				C	heck the box to inc	dicate an attachment		
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.								
Under penalty of perjury, I dec	lare and affirm	that I have exam	mined th	is report, including an	v accompanying	schedules and		
statements, and that all staten	ents containe	d herein are truc	and co	rect.	,,,, g			
Name of Authorized Person Date								
Steven Gabellieri			Manager		09/0	09/07/2021		
Signature of Authorized Person								
de all								

MAIL TO:

Division of Business Services

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

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