RI SOS Filing Number: 200702864940 Date: 10/22/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
154005	NEW YORK LUNCH, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	restuarant

5. Principal office address	City	State	Zip
55 Clarkson Street	Providence	RI	02908

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

Contact Name	Contact Title
Edward J. Mongeon	Member

Street Address	City	State	Zip
104 Bertha Avenue	Woonsocket	RI	02895

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
EDWARD MONGEON	90 BERTHA AVE	WOON	RI	02895
KENNETH MONGEON	7 HALLIWELL DRIVE	N S	RI	02876
JOHN T. DUPONT	ROUTE 7	BURRIVILLE	RI	

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
ARAM P. JARRET, JR. ESQ.	176 EDDIE DOWLING HIGHWAY	NORTH SMITHFIELD	02896-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[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.

Edward Mongeon 10/14/07
Signature of Authorized Person *Date*

EDWARD MONGEON
Print or Type Name of Authorized Person

FILED
File Date OCT 22 2007
Check No.
By: By 1045

16148-38-197568
FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 632 Rev. 07/07