

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

Fee: \$50.00

Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040

Limited Liability Company **Annual Report 2008**

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2008

- 1. ID No. 000096989
- 2. Exact Name of the Limited Liability Company Rhode Island Quahog Company Restaurants, LLC
- 3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

RESTAURANT MANAGEMENT AND DEVELOPMENT.

5. Principal Office Address

No. and Street:

250 THAMES STREET

City or Town:

NEWPORT

State: RI

Zip: 02840

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:

No. and Street:

250 THAMES STREET

City or Town:

NEWPORT

State: RI

Zip: 02840

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Name

Address

Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

FILED

OCT 0.9 2008

TIMOTHY J. SMITH 250 THAMES STREET NEWPORT, RI 02840 9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). Filer's Contact Information (Enter a contact name, mailing address and email.) Contact Name: Timothy J. Smith Business Name: No. and Street: 250 Thames Street City or Town: **Newport** State: RI Zip: 02841 Country: US Contact Phone: 401-848-2330 ext: Contact Email: quahogco@yahoo.com Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

Signed this 10 Day of September, 2008 at 8:38:08 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By Timothy J. Smith

Signature of Authorized Person

will.

Make Corrections

Accept

Form No. 632 Revised 09/07

© 2007 - 2008 State of Rhode Island and Providence Plantations All Rights Reserved

FILED

OCT 0.9 2008