



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

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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)(6)) is subject to a penalty fee of \$25.00.

1. ID No. 158068		2. Exact name of the limited liability company LISLIQUE LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATION OF A RESTAURANT			
5. Principal office address 16 GANSETT AVENUE			City CRANSTON	State RI	Zip 02910
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOSE RUIZ			Contact Title MANAGING MEMBER		
Street Address 16 GANSETT AVENUE			City CRANSTON	State RI	Zip 02910
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS FILE IN SPACES BEFORE USING ATTACHMENTS (X) (BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

FILED

DEC 15 2009

By 95221

By gmm
29-106133

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

158068

File Date _____

Check No. _____

By: _____

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.

including any accompanying statements and attachments, and that the information contained herein are true and correct.

M. B. Gotsacov 12/15/09
Signature of Authorized Person Date

Marc B. Gotsacov Authorized
Print or Type Name of Authorized Person Agent