

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 201

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

1. ID No. 487795	1	2. Exact name of the limited liability company Rondezvous Cafe LLC				
3. State of Formation Rhode Island	4. Brief description Cafeteria	of the character of the hus	iness which is actually conducted in t	which is actually conducted in Rhode Island		
5. Principal office address 55 Holmes Rd			City Warwick	State Rhode Island	2tp 02888	
Contact Name Ronald Rastella		TY COMPANY AND	NAME OR TITLE OF CONTA Contact Title Owner/president	CT PERSON:	•	
Sireel Address 500 George Washington hwy			City Smithfield	State Rhode Island	24p 02888	
Manager Name	FILL IN SP.	ER OF THE LIMITED ACES BEFORE USING	LIABILITY COMPANY, IF AI G ATTACHMENTS (*X* BOX Manager Name Street Address	PPIJCABLE - <u>DO NOT LIS</u> FOR ATTACHMENT)	T MEMBERS	
City	State	Zip	City	State	Zip	
Warwick Rhode Island 02888 Manager Name		Manager Name				
Street Address			Street Address	Sirvei Address		
Сиу	State	Zip	Сиу	State	Zip	
	Rhode Island Cafeteria Cafeteri					

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

487795

File Date	Access Comments of the Comment	-
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<i>By:</i>	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.

Signature of Authorized Person

8-1-11

2011 AUG - 1 AH 9: 02

Date

Print or Type Name of Authorized Person