STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR *2011*

Filing Period: September 1 - November 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.

1. Entity ID No. *105091*	2. Exact name of the limited liability company *The Hot Tamale LLC DBA Lattitude*
3. State of Formation *RI*	4. Brief description of the character of business conducted in Rhode Island *Restaurant*

5. Principal office address *382 Spring Green Rd*   City *Warwick*   State *RI*   Zip *02888*

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

Contact Name *Mona Scanlon*   Contact Title *Member*

Street Address *382 Spring Green Rd*   City *Warwick*   State *RI*   Zip *02888*

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT) ☐

Manager Name *Dean Scanlon*	Manager Name *Maria A Scanlon*
Street Address *382 Spring Green Rd*	Street Address *382 Spring Green Rd*
City *Warwick* State *RI* Zip *02888*	City *Warwick* State *RI* Zip *02888*
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 Form 642.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY *By 3233*

FILED

MAY 2 2 2012

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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.

Maria A Scanlon   *5/16/12*
Signature of Authorized Person   Date

Maria A Scanlon
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012