



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

Division Of Business Services
 148 W. River Street
 Providence RI 02904-2615
 (401) 222-3040

Fee: \$50.00

[LOGOUT](#)

Limited Liability Company Annual Report
 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.

[?](#)
 Help with this form

ANNUAL REPORT YEAR: 2012

1. ID No. 000154005

2. Exact Name of the Limited Liability Company NEW YORK LUNCH, LLC

3. State of Formation
 State: RI

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

RESTAURANT

FILED
SEP 21 2012

5. Principal Office Address BY 1198

No. and Street: 55 CLARKSON STREET

City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

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

Contact Name: EDWARD MONEGON Contact Title: PRESIDENT OWNER

No. and Street: 104 BERTHA AVENUE

City or Town: WOONSOCKET State: RI Zip: 02895 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

DO NOT LIST MEMBERS

Delete	Name	Address Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	KENNETH F MONGEON	7 HALLIWELL BOULEVARD WOONSOCKET, RI 02895- USA

First Name: Middle Name: Last Name: Suffix:
 Address: City: State: Zip: Country:

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

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

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: EDWARD MONGEON
 Business Name: NEW YORK LUNCH
 No. and Street: 8 MAIN STREET
 City or Town: WOONSOCKET State: RI Zip: 02895 Country:
 Contact Phone: 401 223-3555 ext
 Contact Email: FAST6T EDDIE@A Ad

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 19 Day of September, 2012 at 2:47:13 PM 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.

FILED

By Edward Mongeon
 Signature of Authorized Person

SEP 21 2012

BY 154005

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this

Accept Decline