

## 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

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012

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.

3. State of Formation	1.5:41	2. Exact name of the limited liability company Golden Rooster, LLC				
	4. Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND	Operation of a restaurant					
5. Principal office address 748 Hope Street	, , , , , , , , , , , , , , , , , , , ,		City Providence	State RI	Zip <b>02906</b>	
6. MAILING ADDRESS OF LIMIT	ED LIABILITY (	OMPANY AND NA		ERSON:		
Contact Name Laura Carrascoza			Contact Title Manager			
Street Address 16 Wealth Avenue			City Providence	State <b>RI</b>	Zip <b>02908</b>	
. LIST <u>ALL</u> MANAGERS (NAME ("X" BOX FOR ATTACHMENT	ES AND ADDRE	SSES) OF THE LII	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS	
Manager Name Laura Carrascoza			Manager Name			
Street Address 16 Wealth Avenue			Street Address			
City Providence	State <b>RI</b>	Zip 02908	City	State	Zip	
lanager Name			Manager Name	<del> </del>		
Street Address		Street Address				
Dity	State	Zip	City	State	Zip	
. RESIDENT AGENT IN RHODE	ISLAND					
his information is currently of	record in the Of	fice of the Secreta	ary of State. Changes require fi	ling Form 642.		
OCT 2 2 2012 BY U (8152					2012 OCT 22 AH I	
File Date Check No By:			this report, including a and that all statements  CAUYA  Signature of Authorized	any accompanying s s contained herein a ALEAS (0720 Person	. 1	
FOR SECRETARY OF STATE U	ISE ONLY		Laura Carrascoza Print or Type Name of A			

Form No. 632 Revised: 01/2012