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 _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.**

1. Entity ID No.	2. Exact name of the limited liability company
00071387 0	AVA'S WRATH LLC

3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
RI	BAR & EATING PLACE

5. Principal office address 383 ADMIRAL STREET City PROVIDENCE State RI Zip 02908

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

Contact Name	Contact Title
ROBERTA RICCI	PRESIDENT

Street Address	City	State	Zip
45 SYLVIA AVENUE	NO. PROVIDENCE	RI	02911

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

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 Form 642.

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FILED

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BY 184136 DS

FOR SECRETARY OF STATE USE ONLY
File Date
Check No
By:

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 _____   Date 11-9-12

ROBERTA RICCI
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012