

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 _\$\frac{2}{\infty} / \frac{1}{\infty}

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 nar	ne of the limited liab	oility company			
137424	Saff	Saffron's Restaurant, LLC 4. Brief description of the character of business conducted in Rhode Island				
3. State of Formation				Island		
RI	Re	stauran	+			
13. Finicipal Unice address			City	State	Zip	
308 County 1	Koad		Barrington	RI	0280b	
Contact Name	IMITEU LIABILIT	Y CUMPANY AND	NAME OF TITLE OF CONTACT P	ERSON: # # F F F F F	article of the law being	
Robert A. Dillon			Owner			
308 County Road			CityBaer	$R \cdot I$	- Zip 02806	
7. LIST <u>ALL</u> MANAGERS (N (*X", BOX FOR ATTACHMI	AMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF	APPLICABLE: DO N	OT LIST MEMBERS	
Manager Name			Manager Name			
Street Address	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 RHO						
This information is currently	of record in the	Office of the Sec	retary of State, Changes require f	ling Form 642.	a	
	FIL				JAN 25 PH 12: 06	
BY		29-188	Index penalty of period	ini 1 doologo ou d affilia	m 4b-411	
Check No Bys FOR SECRETARY DESIGN	ERUSE ONE/		signature of Authorized Print or Type Name of A	eny accompanying so scontained herein and Person	that I have examined thedules and statements, e true and correct. -2	
Farm No. 522						

Revised: 01/2012