

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.

1. Entity ID No.	2. Exact name of t	he limited liability comp	pany						
000156785	MERIMIOS NEWSON LLL								
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island								
P.T. Restavant Service food Bevorage									
5. Principal office address 254 TWAMES SL.			NEUPSU -	State	02840				
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF TITLE OF CONTACT PERSON: 100 100 100 100 100 100 100 100 100 10									
Contact Name PANICT-BOARSMAN _ III			Contact Title President						
Street Address 3 Spring St. A			City NEWPORT	State (2.5	02840				
7 LIST ALL MANAGERS (NAM CX BOX FOR ATTACHMENT	ES/AND/ADDRESS	es)(Optice Unities	DEIABIETE KOOMPANYALEAPRE	CABLE FOOLNOTE	LISTMEMBERS				
Manager Name Parl TAROB BOARDMON TO			Manager Name T-hw Martin	Bewett					
Street Address 3 Sative 51-	eet Address			Street Address 104 Hender on Rel					
Chons	State	2840	PHY raineld	State	Zip 06824				
Manager Name			Manager Name	·	1000				
Street Address			Street Address						
City	State	Zip	City	State	Zip				
8. RESIDENT AGENT IN THODE	ISEAND RESERVE								
This information is currently of	record in the Offic	e of the Secretary of	State. Changes require filing Fo	orm 642.	1078				
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Form No. 632 Revised: 01/2012

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

- J. BOARDHAN I

Print or Type Name of Authorized Person