

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 2013

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. 140214	2. Exact name of the limited liability company Shady Acres Restaurant, LLC				
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island Retail sales for food and beverage owning and operating restaurant				
Rhode Island			-		
5. Principal office address 146 Danielson Pike			City Foster	State RI	Zip 02825
6. MAILING ADDRESS OF LIM	TED LIABILIT	Y COMPANY AND NA	ME OR TITLE OF CONTACT	PERSON:	
Contact Name Janet Brayton			Contact Title Member		
ireet Address 164 Danielson Pike			City Foster	State RI	Zip 02825
7. LIST <u>all</u> Managers (nam ("X" box for attachmen	MES AND ADD	RESSES) OF THE LIM	MITED LIABILITY COMPANY,	IF APPLICABLE - <u>DO</u>	NOT LIST MEMBERS
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
. RESIDENT AGENT IN RHOD	E ISLAND		ng, gan in an ang ana ay kaliya na manaka ngasang ngasang na ay kaliya arawan na ay k		
This information is currently o		Office of the Secreta	ary of State. Changes require	e filing Form 642.	e an international designation and artist the expension of the expension o
		and the law			
		FILED			
	Α	UG 2 1 2013	i Index nonelty of no	where I declare and affile	Ium that I have exemined
File Date	BY	9401	this report, includir		irm that I have examined schedules and statements are true and correct.
Check No	<u>. 27 (78 (37 18</u> 5 (37 5)		- (benite	Rewitim	8-19-13
By:	yza a sida san ési. Magyara		Signature of Authoriz	ed Person	Date
FOR SECRETARY OF STATE	USE ONLY		Donet Description of Type Name of	of Authorized Person	

Form No. 632 Revised: 01/2012