

**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040[| LOGOUT |](#)**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1



Help with this form

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2013**1. ID No.** 000154006**2. Exact Name of the Limited Liability Company** FAST G. T., LLC**3. State of Formation**State: RI**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**RESTAURANT**FILED**

SEP 20 2013

**5. Principal Office Address**No. and Street: 55 CLARKSON STREETCity or Town: PROVIDENCEState: RIZip: 02908Country: USABy MNE  
CK # 1964**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**Contact Name: ED MORGANContact Title: MANAGERNo. and Street: 104 BERTHA AVENUECity or Town: WOONSOCKETState: RIZip: 02896Country: USA**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

## DO NOT LIST MEMBERS

Delete	Name	Address
		Address, City or Town, State, Zip Code, Country
<input type="checkbox"/>	EDWARD MONGEON	104 BERTHA AVENUE WOONSOCKET, RI 02896 USA

First Name:  Middle Name:  Last Name:  Suffix:   
Address:  City:  State:  Zip:  Country:

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ARAM P. JARRET, JR. ESQ. 176 EDDIE DOWLING HIGHWAY NORTH SMITHFIELD, RI 02896-

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).****Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name: EDWARD MONGEON

Business Name: FAST GT LLC

No. and Street:  - Same Address as -

City or Town: WOONSOCKET State: RI Zip: 02895 Country:

Contact Phone: 639-4297 ext:

Contact Email: FASTGTEDDIE@aol.com

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

**Signed this 17 Day of September, 2013 at 7:18:54 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.**

By Edward Mongeon  
Signature of Authorized Person

**FILED**

SEP 20 2013

By mm  
By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this

☒ Accept☐ Decline