



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. 257020		2. Exact name of the limited liability company Red Stripe East Side, LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island operate restaurant business			
5. Principal office address 375 Commerce Park Road		City North Kingstown	State RI	Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Marc Perlman		Contact Title Manager, Red Stripe Holdings, LLC			
Street Address 375 Commerce Park Road		City North Kingstown	State RI	Zip 02852	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name Red Stripe Holdings, LLC		Manager Name			
Street Address 375 Commerce Park Road		Street Address			
City North Kingstown	State RI	Zip 02852	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.					

FILED

OCT 07 2013

By *Marc Perlman*
CP # 51685

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.

Marc Perlman 10-2-13
 Signature of Authorized Person Date

Marc Perlman, Manager, Red Stripe Holdings, LLC

Print or Type Name of Authorized Person

File Date _____

Check No _____

By: _____

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