



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.

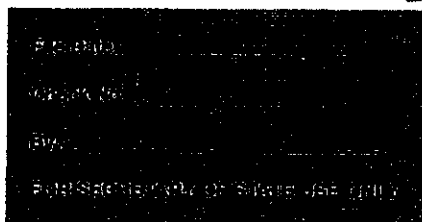
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|--|-------|--|--------------------|---------------------|-----|
| 1. Entity ID No. 791494 | | 2. Exact name of the limited liability company HABC, LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of business conducted in Rhode Island Restaurant | | | |
| 5. Principal office address 3 Luongo Memorial Square | | City Providence | State RI | Zip 02907 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF INDIVIDUAL CONTACT PERSON | | | | | |
| Contact Name James E. Mark | | Contact Title President | | | |
| Street Address 3 Luongo Memorial Square | | City Providence | State RI | Zip 02907 | |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY. IF APPLICABLE, DO NOT USE MEMBERS. (X) BOXED CONTACT NAME <input type="checkbox"/> | | | | | |
| Manager Name None | | 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 |
| 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 11 2013

BY

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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

James E. Mark

Print or Type Name of Authorized Person