



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.

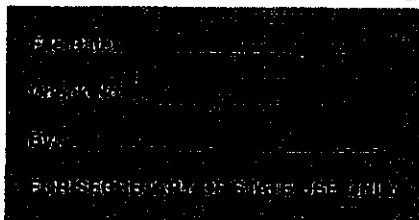
Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 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 MAILING COMPANY PRESIDENT					
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 LIST MEMBERS OR TAX BOX CONTACTS IF ANY)					
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. REGISTERED 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 1675



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