



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

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* 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.

1. ID No. 129839		2. Exact name of the limited liability company BARWORKS LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TO OPERATE A SCHOOL OF BARTENDING AND PROVIDE RELATED CONSULTING SERVICES			
5. Principal office address 108 SPRUCE STREET		City PROVIDENCE	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ELLEN GIRARD			Contact Title MANAGER		
Street Address 108 SPRUCE STREET		City PROVIDENCE	State RI	Zip 02903	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name ELLEN GIRARD			Manager Name		
Street Address 1 HEATHER WAY			Street Address		
City SHARON	State MA	Zip 02067	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 of Form 642 - R.I.G.L. 7-16-11					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED

129839

OCT 24 2013

BY 2860

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

ELLEN GIRARD, MANAGER

Print or Type Name of Authorized Person

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY