



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

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## 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. <b>536443</b>		2. Exact name of the limited liability company <b>The Met RI, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Night Club</b>			
5. Principal office address <b>1005 Main Street</b>		City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	
CONTACT PERSONS AND ADDRESSES OF THE COMPANY AND EACH OF THE OFFICERS AND CONTACT PERSONS					
Contact Name <b>Richard Lupo</b>		Contact Title <b>Operating Manager</b>			
Street Address <b>1005 Main Street</b>		City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	
MANAGERS AND ADDRESSES OF THE LIMITED LIABILITY COMPANY (IF APPLICABLE) - DO NOT LIST MEMBERS					
Manager Name <b>Richard Lupo</b>		Manager Name			
Street Address <b>1005 Main Street</b>		Street Address			
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
RESIDENTS OF THE STATE					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

MAR 18 2014

BY Ch 220239

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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

Print or Type Name of Authorized Person