



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 2014

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. <u>154005</u>		2. Exact name of the limited liability company <u>New York Lunch LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>REAL ESTATE</u>			
5. Principal office address <u>7 MAIN ST</u>		City <u>WOON</u>	State <u>RI</u>	Zip <u>02895</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>EDWARD MONGEON</u>		Contact Title <u>MANAGER</u>			
Street Address <u>90 BERTHA AVE</u>		City <u>WOON</u>	State <u>RI</u>	Zip <u>02895</u>	
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 <u>EDWARD MONGEON</u>		Manager Name			
Street Address <u>90 BERTHA AVE</u>		Street Address <u>W</u>			
City <u>WOON</u>	State <u>RI</u>	Zip <u>02895</u>	City	State	Zip
Manager Name <u>KENNETH MONGEON</u>		Manager Name			
Street Address <u>7 HALLWAY DRIVE</u>		Street Address			
City <u>N-SMITH</u>	State <u>RI</u>	Zip <u>02816</u>	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND <u>ALAN JARRETT 176 EDDIE DOWLING RD WPA</u>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

FILED

SEP 17 2014

BY 139

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Edward Mongeon 9/15/14
 Signature of Authorized Person Date

EDWARD MONGEON
 Print or Type Name of Authorized Person