

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

Filling 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.	2. Exact name of the limited liability company Chris & Mike's Place LLC					
163129	Omis d	MINO 3 1 Idoc EL				
3. State of Formation	1	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Restaurant					
5. Principal office address 659 West Main Road			City Middletown	State RI	Zip 02840	
6. MAILING ADDRESS OF	LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT PE	RSON:		
Contact Name Michael Cartier			Contact Title Owner/Manager			
Street Address 60 Hundred Acre Pond Road			City West Kingston	State Ri	Zip 02840	
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH		RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name			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 R	HODE ISLAND	1				
This information is curren	tly of record in th	e Office of the Sec	retary of State. Changes require fil	ing Form 642.		
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FILED

By <u>038709</u> A.A.10:33 A.M.

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File Date	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.		
Check No	1/18/2014		
Ву:	Signature of Authorized Person Date		
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012