

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_ > 14

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.

Manager Name  Street Address  Street Address  City  State  Manager Name  City  State  Manager Name  Manager Name  Manager Name  Manager Name  Street Address  Street Address  City  State  Zip	1. Entity ID No.	2. Exact na	ame of the limited lia	ability company				
Restaurant  5. Principal office address 308 CUINTY Rd BURRINGTON STATE ZIP 03806  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONJACT PERSON:  Contact Title Warraya set State  City Narraya set State  City Narraya set State  City Narraya set State  T. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name  Manager Name  Street Address  City  State  City  State  Street Address	<u> </u>	1 Sa	Saffron's Rost and + 610					
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Street Address  City  State  City  Street Address  City  State  City  Street Address  City  State  City  St		Re	estasva.	n t				
Contact Title OF CONJACT PERSON: Contact Title Duner Street Address  Gity Narraya set State  City Narraya set State  City Narraya set State  City State  Manager Name  Manager Name  Manager Name  Manager Name  Street Address	308 Count	I Roll		Burrington State Zip 03806				
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Street Address  City Narraya 14 State Zip 0 2882  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name  Manager Name  Street Address  City State Zip City Sta	Ribert A. Dillon			Contact Title				
('X' BOX FOR ATTACHMENT)  Manager Name  Manager Name  Street Address  City  State  Manager Name  Street Address  City  State  Zip  City  State  Zip  State	9 Lubertsa	n Rd		City Narrayans # States - Zip UZXQZ				
Street Address  City  State  City  Manager Name  Manager Name  Manager Name  Street Address  Street Address  City  State  Zip	7. LIST ALL MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI	DRESSES) OF THE	E LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS				
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City State Zip City State Zip State	Manager Name	<del>V</del> O	- <i>0</i> 1'	Manager Name				
RESIDENT AGENT IN RHODE ISLAND	Street Address							
	City	State	Zip	City State Zip				
Inis information is currently of record in the Office of the Secretary of Other Division in the Office of the Secretary of Other Division in the Office of the Secretary of Other Division in the Office of the Secretary of Other Division in the Office of the Secretary of Other Division in the Office of the Secretary of Other Division in the Office of the Secretary of Other Division in the Office of the Secretary of Other Division in the Office of the Secretary of Other Division in the Office of the Secretary of Other Division in the Office of the Secretary of Other Division in the Office of the Secretary of Other Division in the Office of the Secretary of Other Division in the Office of Other Division in the Office of Other Division in the Office of Other Division in the Other Divisi			and the second of the second s					
51.00014 in the Office of the Secretary of State. Changes require filing Form 642.	inis information is curren	tly of record in the	e Office of the Sec.	cretary of State. Changes require filing Form 642.				

## **FILED**

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File Date  Check No  By:	hl 1355	Under penalty of perjury, I declare and affirm that I this report, including any accompanying schedules and that all statements contained herein are true are Signature of Authorized Person	and etatements
FOR SECRETARY OF STATE USE ONLY		Print or Type Name of Authorized Person	Date /U-3 -/4

Form No. 632 Revised: 01/2012