



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.<br><u>137424</u>                                                                                                                                     |       | 2. Exact name of the limited liability company<br><u>Saffron's Restaurant, LLC</u>               |                                          |
| 3. State of Formation<br><u>R.I.</u>                                                                                                                                  |       | 4. Brief description of the character of business conducted in Rhode Island<br><u>Restaurant</u> |                                          |
| 5. Principal office address<br><u>308 County Rd</u>                                                                                                                   |       | City<br><u>Barrington</u>                                                                        | State<br><u>R.I.</u> Zip<br><u>02806</u> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                                  |       |                                                                                                  |                                          |
| Contact Name<br><u>Robert A. Dillon</u>                                                                                                                               |       | Contact Title<br><u>Owner</u>                                                                    |                                          |
| Street Address<br><u>9 Robertson Rd</u>                                                                                                                               |       | City<br><u>Narragansett</u>                                                                      | State<br><u>R.I.</u> Zip<br><u>02882</u> |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>(“X” BOX FOR ATTACHMENT) <input type="checkbox"/> |       |                                                                                                  |                                          |
| Manager Name                                                                                                                                                          |       | Manager Name                                                                                     |                                          |
| Street Address                                                                                                                                                        |       | Street Address                                                                                   |                                          |
| City                                                                                                                                                                  | State | City                                                                                             | State                                    |
| Manager Name                                                                                                                                                          |       | Manager Name                                                                                     |                                          |
| Street Address                                                                                                                                                        |       | Street Address                                                                                   |                                          |
| City                                                                                                                                                                  | State | City                                                                                             | State                                    |
| Manager Name                                                                                                                                                          |       | Manager Name                                                                                     |                                          |
| Street Address                                                                                                                                                        |       | Street Address                                                                                   |                                          |
| City                                                                                                                                                                  | State | City                                                                                             | State                                    |
| 8. RESIDENT AGENT IN RHODE ISLAND                                                                                                                                     |       |                                                                                                  |                                          |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.                                                     |       |                                                                                                  |                                          |

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BY ihl 73575  
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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.

Robert A. Dillon 10-3-14  
Signature of Authorized Person Date  
Robert A. Dillon 10-3-14  
Print or Type Name of Authorized Person

File Date  
Check No  
By:  
FOR SECRETARY OF STATE USE ONLY