



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><b>826858</b>  |       | 2. Exact name of the limited liability company<br><b>BACK OF THE BUS, LLC</b>                    |      |                    |                     |
| 3. State of Formation<br><b>RI</b>   |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>RESTAURANT</b> |      |                    |                     |
| 5. Principal office address<br><b>21A VALLEY ROAD</b>  |       | City<br><b>MIDDLETOWN</b>  |      | State<br><b>RI</b> | Zip<br><b>02842</b> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:   |       |  |      |                    |                     |
| Contact Name<br><b>DANIEL J. PUERINI</b>   |       | Contact Title  |      |                    |                     |
| Street Address<br><b>PO BOX 613</b>  |       | City<br><b>NEWPORT</b>   |      | State<br><b>RI</b> | Zip<br><b>02840</b> |
| 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   |       | 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 RHODE ISLAND  |       |  |      |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.  |       |  |      |                    |                     |

FILED

OCT 24 2014

32753

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.

Signature of Authorized Person

**DANIEL J. PUERINI**

Print or Type Name of Authorized Person

Date

10/15/14