

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.

508441		2. Exact name of the limited liability company Just US, LLC							
3. State of Formation Rhode Island	4. Brief de RESTA	Brief description of the character of business conducted in Rhode Island RESTAURANT INVESTMENT							
5. Principal office address 141 Power Road			City Pawtucket	State RI	Zip 02860				
6. MAILING ADDRESS C	F LIMITED LIABILI	ITY COMPANY AND N	IAME OR TITLE OF CONTACT P	ERSON:					
Contact Name Gary L. Gray			Contact Title Manager						
Street Address 3628 Moore Street			City Los Angeles	State CA	Zip 90066				
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTAC	(NAMES AND ADI	DRESSES) OF THE L	MITED LIABILITY COMPANY, IF	APPLICABLE - DO	NOT LIST MEMBERS				
nanager name			Manager Name						
Gary L. Gray			Manager Name	हर्षेत्रकाति । स्वतः विकासक्षयः १००० व्यक्तः । स्वतः स्वतः स्वतः स्वतः स्वतः स्वतः स्वतः । स्वतः					
Gary L. Gray Street Address			Manager Name Street Address		THE PERSON OF STATES				
Gary L. Gray Street Address 3628 Moore Street City Los Angeles	State CA	Zip 90066	Manager Name	State	Zip				
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Gary L. Gray Street Address 3628 Moore Street City Los Angeles Manager Name	State		Manager Name Street Address City						
Gary L. Gray Street Address 3628 Moore Street City Los Angeles Manager Name treet Address	State		Manager Name Street Address City Manager Name						
Gary L. Gray Street Address 3628 Moore Street City Los Angeles Manager Name Street Address ity RESIDENT AGENT IN R	State CA State	Zip 90066	Manager Name Street Address City Manager Name Street Address	State	Zip				

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By:	ragarar I			 	
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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.

Signature of Authorized Person

09/08/2014

Date

GARY L. ĞRAY

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012