

## 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

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 EEE

			I DI DECEMBER I WILL R	ESULT IN A \$25.00 PE	VALTY FEE,	
1. Entity ID No.	2. Exact na	me of the limited lia	ability company		_ <del></del>	
174412	02	715	$\alpha$	11,		
3. State of Formation	4. Brief des	cription of the char	Steak Surser acter of business conducted in Rh	ode Island		
ICI	<u>}</u>	Sar	Food	ood island		
5. Principal office addre	120st [	20	City Warwil	State	Zip	
6. MAILING ADDRESS	OF LIMITED LIABILIT	TY COMPANY AND	NAME OR TITLE OF CONTACT	PERSON.	2ip 028	86
1000	( ) .	$\cap$	Contact Title			
Street Address POST RO			gity Larwick	State, 7	Zip 028	0(
7. LIST ALL MANAGER	RS (NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY	IF APPLICABLE - DO N	07.11ST.1150	1 b
Manager Name			Managér Name			<u>eks</u>
Street Address			Street Address	·		
			On eet Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address		2014 NOV	00
City	104-4				S	경취
Only	State	Zip	City	State	Zip S	93. AA
8: RESIDENT AGENT IN	RHODE ISLAND	,水水水 斯里多美			<u> </u>	
This information is curre	ently of record in the	Office of the Secr	etary of State. Changes require	filing Form 642.		
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			Under penalty of peri	ury, I declare and affirm	lb a L f i	
File Date			this report, including	any accompanying sche	mat I have exami dules and staten	ned nents,
Check No.				ts contained herein are to	ue and correct.	<i>1</i>

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012