



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

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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>000146473                                                                                                                                      |       | 2. Exact name of the limited liability company<br>TAVERN TWELVE LLC                       |             |              |     |
| 3. State of Formation<br>RI                                                                                                                                        |       | 4. Brief description of the character of business conducted in Rhode Island<br>RESTAURANT |             |              |     |
| 5. Principal office address<br>2299 POST ROAD                                                                                                                      |       | City<br>WARWICK                                                                           | State<br>RI | Zip<br>02888 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:                                                                               |       |                                                                                           |             |              |     |
| Contact Name<br>JOHN CIOLLI                                                                                                                                        |       | Contact Title<br>AGENT                                                                    |             |              |     |
| Street Address<br>91 CANNON TRAIL                                                                                                                                  |       | City<br>NORTH PROV                                                                        | State<br>RI | Zip<br>02904 |     |
| 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

DEC 18 2014

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

By: KL 238856  
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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

Date

Print or Type Name of Authorized Person