



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. 157484		2. Exact name of the limited liability company 171 Chestnut Street LLC			
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Owner/operator of a Class BV licensed establishment			
5. Principal office address 171 Chestnut Street		City Providence	State RI	Zip 02903	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OF CONTACT PERSON					
Contact Name Louis J. Fiorenzano		Contact Title Manager			
Street Address 171 Chestnut Street		City Providence	State RI	Zip 02903	
7. LIST ALL MANAGERS NAMES AND ADDRESSES OF THE LIMITED LIABILITY COMPANY IF APPLICABLE. DO NOT LIST MEMBERS. CHECK BOX FOR ATTACHMENT <input type="checkbox"/>					
Manager Name Louis J. Fiorenzano		Manager Name			
Street Address 171 Chestnut Street		Street Address			
City Providence	State RI	Zip 02903	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

MAR 02 2015

6207

File Date _____
Filing Fee _____
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.

Louis J. Fiorenzano 2/25/15
Signature of Authorized Person Date

Louis J. Fiorenzano

Print or Type Name of Authorized Person