

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 20

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.

Jerry L. McIntyre Manager	1. Entity ID No.	2. Exact na	2. Exact name of the limited liability company					
RI RESTAURANT 5. Principal office address \$\frac{\text{City}}{\text{Jamestown}} \text{State} \text{Zip} \text{02835} \text{ \$\frac{\text{State}}{\text{State}} \text{State} \text{Vincipal office address} \text{City} \text{State} \text{RI} \text{02835} \text{ \$\frac{\text{Contact Name}}{\text{Address}} \text{Contact Tite} \text{Manager} \text{ \$\text{State} \text{Address} \text{City} \text{State} \text{Zip} \text{02835} \text{ \$\frac{\text{City}}{\text{State}} \text{Names And Address} \text{Of THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBER ("X" BOX FOR ATTACHMENT) \text{Manager Name} \text{Manager Name} \text{Manager Name} \text{ \$\text{Street Address} \text{City} \text{State} \text{Zip} \text{City} \text{State} \text{Zip} \text{ \$\text{Manager Name} \text{Manager Name} \text{ \$\text{Street Address} \text{City} \text{State} \text{Zip} \text{City} \text{State} \text{Zip} \text{ \$\text{Street Address} \text{City} \text{State} \text{Zip} \text{City} \text{State} \text{Zip} \text{ \$\text{RESIDENT AGENT IN RHODE ISLAND}	132308	62 BR	62 BRIDGE STREET, LLC					
RI RESTAURANT 5. Principal office address 7. Newport Street Contact Name Jerry L. McIntyre Street Address 5. Newport Street Contact Title Manager Street Address 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMI Manager Name Manager Name Street Address City State Zip Manager Name Manager Name Street Address City State Zip Manager Name Street Address	3. State of Formation	4. Brief des	cription of the chara	cter of business conducted in Rhode	Island			
Size Newport Street Shalling Address of Limited Liability Company and Name of The Contact Person Contact Name Jerry L. McIntyre Street Address 57 Newport Street 7. List All Managers (Names and Addresses) of the Limited Liability Company, if Applicable - Do Not List Member ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip	RI	ŀ	!					
STORED Street Shall ind Address of United Earlity Company and Name of the Geometry Person Contact Name Jerry L. McIntyre Street Address 57 Newport Street 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF	5. Principal office addre	ss		City	State	- Zin		
Contact Name Jerry L. McIntyre Street Address 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILI	57 Newport Street			, ,	ļ			
Contact Title Jerry L. McIntyre Street Address 57 Newport Street 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMB ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip City State Zip Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip Manager Name Street Address City State Zip City State Zip Street Address	6. MAILING ADDRESS	OF UNITED LIABILI	TY COMPANY AND	NAME OF THE OF CONTACT P	ERSON	0-003		
Street Address 57 Newport Street 57 Newport Street 57 Newport Street 58 Jamestown 68 RI 602835 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMB 60 ("X" BOX FOR ATTACHMENT) 61 Manager Name 62 Manager Name 63 Street Address 64 City 65 State 66 Zip 66 City 67 State 78 Manager Name 65 Street Address	Contact Name							
Street Address Stre				Manager				
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMB ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip Manager Name Manager Name Street Address Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip State Zip City State Zip State Zip				City	State	Zip		
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMB ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address City State Zip City State Zip Manager Name Street Address City State Zip City State Zip City State Zip City State Zip Street Address	57 Newport Street					02835		
City State Zip City State Zip Manager Name Manager Name Street Address City State Zip City State Zip State Zip City State Zip B. RESIDENT AGENT IN RHODE ISLAND	(A BUX FUR ATTA	CHMENT)	70E39E3) UF THE		APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name Manager Name Street Address Street Address City State Zip City State Zip State Zip State Zip	Street Address			Street Address				
Street Address Street Address City State Zip City State Zip State Zip	City	State	Zip	City	State	Zip		
City State Zip City State Zip B. RESIDENT AGENT IN RHODE ISLAND	Manager Name			Manager Name				
3. RESIDENT AGENT IN RHODE ISLAND	Street Address			Street Address				
	City	State	Zip	City	State	Zip		
This Information is currently of record in the Office of the Secretary of State, Changes regulary filling Form C40								
or state. Changes require ming corm 642.	This Information is curi	rently of record in the	Office of the Secr	etary of State. Changes require fil	ing Form 642,	<u> </u>		

FILED SEP.1 1 2015

BY 2203

File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.		
Ву:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	Jerry L. McIntyre	9-8-15	
	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012