

	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.00
	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	 LOGOUT



ANNUAL REPORT YEAR: <u>2015</u>			
1. ID No. <u>000154006</u>			
2. Exact Name of the Limited Liability Company <u>FAST G. T. LLC</u>			
3. State of Formation State: <u>RI</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island RESTAURANT FILED SEP 30 2015 BY <u>190</u>			
5. Principal Office Address No. and Street: <u>55 CLARKSON STREET</u> City or Town: <u>PROVIDENCE</u> State: <u>RI</u> Zip: <u>02908</u> Country: <u>USA</u>			
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>ED MONGEON</u> Contact Title: <u>PRESIDENT</u> No. and Street: <u>104 BERTHA AVENUE</u> City or Town: <u>WOONSOCKET</u> State: <u>RI</u> Zip: <u>02896</u> Country: <u>USA</u>			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.			

DO NOT LIST MEMBERS

Delete	Name	Address
	EDWARD MONGEON	Address, City or Town, State, Zip Code, Country 104 BERTHA AVENUE WOONSOCKET, RI 02896 USA
First Name:	Middle Name:	Last Name:
Address:	City:	State:
		Zip:
		Country:
		Clear Add

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ARAM P. JARRET, JR. ESQ. 176 EDDIE DOWLING HIGHWAY NORTH SMITHFIELD , RI 02896

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).
Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: ED MONGEON

Business Name: FAST G.T. LLC

No. and Street: 8 MAIN ST

- Same Address as -

City or Town: WOONSOCKET

State: RI Zip: 02895 Country:

Contact Phone: 401 639-4597 ext:

Contact Email:

Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 28 Day of September, 2015 at 1:18:22 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By Edward Mongeon
Signature of Authorized Person

By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-16. You hereby agree that any legal issues or causes of action arising from the submission of this filing

Accept

Decline

Click HERE to Submit This Information