

1. Entity ID No.

204400

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

Subway Of NKRI LLC

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

2. Exact name of the limited liability company

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| 204400 | ł | | | | |
|---|----------------------|--------------------|--|-------------------|------------------------|
| 3. State of Formation | | | ter of business conducted in Rhode Is | stand | |
| RI | Subway | Restaurant | | | |
| 5. Principal office address 82 Gate Road | | | City North Kingstown | State RI | Zip 02852 |
| . MAILING ADDRESS OF | LIMITED LIABILIT | Y COMPANY AND | NAME OR TITLE OF CONTACT PER | SON: | |
| Contact Name Robert Keramidas | | | Contact Title Member | | |
| Street Address PO Box 2162 | | | City North Kingstown | State RI | Zip 02852 |
| . LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH | | RESSES) OF THE | LIMITED LIABILITY COMPANY, IF A | PPLICABLE - DO | NOT LIST MEMBERS |
| 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 | 75 ATT |
| . RESIDENT AGENT IN R | HODE ISLAND | | | | 享 2年度 |
| his information is curren | tly of record in the | Office of the Secr | etary of State. Changes require filin | g Form 642. | S S |
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| | | A.F | 1.1:40pm. | | |
| File Date | | | Under penalty of perjury this report, including an | y accompanying : | schedules and statemer |
| · · · · · · · · · · · · · · · · · · · | | | and that all statements of | ontained herein a | are true and correct. |
| Check No | | | 1///// | | 10/19/15 |

Signature of Authorized Person

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012

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