



**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 **2015**

**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. <b>706368</b>		2. Exact name of the limited liability company <b>Fishwing, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Restaurant / Food Service</b>			
5. Principal office address <b>6 Long Highway</b>		City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	
Contact Name <b>Robert Yaffe</b>		Contact Title <b>Owner / President</b>			
Street Address <b>6 Long Highway</b>		City <b>Little Compton</b>	State <b>RI</b>	Zip <b>02837</b>	
7. LIST ALL MANAGERS EMPLOYED BY THE LIMITED LIABILITY COMPANY, IF APPLICABLE.					
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'S NAME AND ADDRESS					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

**FILED**  
**OCT 23 2015**  
 BY BLOBOG



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.

*Robert Yaffe*      10/21/15  
 Signature of Authorized Person      Date  
**Robert Yaffe**  
 Print or Type Name of Authorized Person