

## 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

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## 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.

. Entity ID No.	2. Exact na	ame of the limited lia	hility company		
152056	FASTN	ET HOLDINGS,	LLC		
3. State of Formation	4. Brief des	scription of the chara	cter of business conducted in Rhoo		
Ri	IRISH P	UB/RESTAURA	NT	de Island	
5. Principal office address 1-3 BROADWAY			City NEWPORT	State RI	Zip <b>02840</b>
. MAILING ADDRESS O	F LIMITED LIABILI	TY COMPANY AND	NAME OR TITLE OF CONTACT F	PERSON	
FINBARR MURRAY			Contact Title		
Street Address 1-3 BROADWAY			City NEWPORT	State <b>RI</b>	Zip <b>02840</b>
. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADI	DRESSES) OF THE	LIMITED LIABILITY COMPANY, II	F APPLICABLE - DO	NOT LIST MEM
anager Name			Manager Name		
treet Address			Street Address		
ity	State	Zip	City	State	Zip
lanager Name			Manager Name		
Street Address			Street Address		
ity	State	Zip	Cit		
		Zip	City	State	Zip
	HODE ISLAND				
RESIDENT AGENT IN R	HODE ISPAND		etary of State. Changes require f		

## FILED

OCT 2 7 2015

BY 33749

File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements.			
Check No	and that all statements contained herein are true and correct.			
Ву:	Signature of Authorized Person Date			
FOR SECRETARY OF STATE USE ONLY	FINBARR MURRAY			
	Print or Type Name of Authorized Person			

Form No. 632 Revised: 01/2012