RI SOS Filing Number: 201585928130 Date: 10/26/2015 4:00 PM

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.	2. Exact name of the limited liability company		
311926	DiMARE SEAFOOD MARKETPLACE, LLC		
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island		
RI	MARKET, bISTRO + SMALL BAR		
5. Principal office address	City	State	Zip
2706 SOUTH COUNTY TRAIL	EAST GREENWICH	RI	02818
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name	Contact Title		
KATIE LEONARD (maiden: LaBORE)	OWNER		
Street Address	City	State	Zip
1910 NEW LONDON TURNPIKE	WEST WARWICK	RI	02893

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Manager Name
KATIE LEONARD	n/a
Street Address	Street Address
1910 NEW LONDON TURNPIKE	
City / State / Zip	City / State / Zip
WEST WARWICK / RI / 02893	
Manager Name	Manager Name
n/a	n/a
Street Address	Street Address
City / State / Zip	City / State / Zip

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
OCT 26 2015
BY 4931

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.

Signature of Authorized Person — Date: 10/18/15

Print or Type Name of Authorized Person: KATIE LEONARD

Form No. 632
Revised: 01/2012

127010-85-1079273