



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 2014

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. <u>000796603</u>		2. Exact name of the limited liability company <u>Red Lounge Restaurant LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Bar / Lounge</u>			
5. Principal office address <u>355 Dyer Avenue</u>		City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Jorge Delgadillo</u>		Contact Title <u>President</u>			
Street Address <u>158 Farmington Avenue</u>		City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name <u>Michael Delgadillo</u>		Manager Name			
Street Address <u>52 Merino Street</u>		Street Address			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	City	State	Zip
Manager Name		Manager Name			
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.					

FILED

NOV 05 2015

BY CA 240454  
9:46

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CORPORATIONS DIV  
2015 NOV - 5 AM 9:45

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

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.

Jorge Delgadillo 11-4-2015  
Signature of Authorized Person Date  
Jorge Delgadillo  
Print or Type Name of Authorized Person