

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.

1. Entity ID No.	2. Exact name of	the limited liability com	pany		·		
9// 76 2 3. State of Formation	The	old Mill	DINER LLC				
3. State of Politization	4. Brief descriptio	n of the character of bu	isiness conducted in Rhode Island	1			
RI	Restau	Rant Wy Traiz					
5. Principal office address	outh Cou	WYY TRail	City	State	Zip		
4349			Christosta	RI	02	213	
6. MAILING ADDRESS OF LIMI	TED LIABILITY CO	MPANY AND NAME C	RITITLE OF CONTACT PERSON	View Services			
Contact Name			Contact Title		A STATE OF S		
Jahu Zarokostas			Member				
Street Address	- 1	i	City	State	Zip		
476 KNOTTY		bad	Coventry	KI	$ \cdot \rangle$	2811.	
7. LIST ALL MANAGERS (NAM	ES AND ADDRES	SES) OF THE LIMITED	LIABILITY COMPANY IF APPL	CARLE, DO NOT	LISTME	- O / (/)	
(A DOX 1 OI A DIACINILI					LIJI ME	MBERS	
Manager Name			Manager Name				
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City	State	I	City	State	Zip	* :	
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Manager Name			Manager Name		' 01	-1-71	
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Street Address			Street Address		 _	(A) (A)	
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City	State	Zip	City	State	Zip	**************************************	
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8. RESIDENT AGENT IN RHODE	The second second				J Transfer		
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.							
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FILED

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FILE Date 1.

Check NO Substitute 1.

By: The secretary of state use only.

Form No. 632 Revised: 01/2012

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.	
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and statements	s.
and that all statements contained herein are true and correct	-,

Same (2000 // 2

Print or Type Name of Authorized Person

BusiNes Manage