



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. <u>000 256586</u>		2. Exact name of the limited liability company <u>mills Tavern Restaurant, LLC</u>	
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>restaurant</u>	
5. Principal office address <u>375 Commerce Park Road</u>		City <u>No. Kingstown</u>	State <u>RI</u>
		Zip <u>02852</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name		Contact Title	
Street Address <u>375 Commerce Park Road</u>		City <u>No. Kingstown</u>	State <u>RI</u>
		Zip <u>02852</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐			
Manager Name <u>Red Stripe Holdings</u>		Manager Name	
Street Address <u>375 Commerce Park Road</u>		Street Address	
City <u>No. Kingstown</u>	State <u>RI</u>	City	State
Zip <u>02852</u>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 17 2015

BY 61174

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.

Signature of Authorized Person

Date

Marz Perlman, Manager of Manager
Print or Type Name of Authorized Person