



**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. <b>578435</b>		2. Exact name of the limited liability company <b>D VINE RESTAURANT GROUP, LLC</b>			
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>To engage in any business permitted LLC's under the Act</b>			
5. Principal office address <b>5 CATHEDRAL SQUARE</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON					
Contact Name <b>ROBERT R. GAUDREAU SR.</b>		Contact Title <b>MEMBER</b>			
Street Address <b>5 CATHEDRAL SQUARE</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS (SEE BOX FOR ATTACHMENTS)					
Manager Name <b>ROBERT P. TERINO</b>		Manager Name			
Street Address <b>201 SESSIONS STREET</b>		Street Address			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	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 19 2015**

BY ICL 1894

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.

Robert Terino 11-4-15  
 Signature of Authorized Person Date

**ROBERT P. TERINO**

Print or Type Name of Authorized Person