

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 $\frac{2014}{2000}$

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				
000790266	3 Guys LLC				
3. State of Formation	Brief description of the character of business conducted in Rhode Island				
RI	BAR :	t Restauran	ナ		
5. Principal office address	Ave		City Prondere	State	Zip (1) 9 0.5
		OMPANY AND NAM	E OR TITLE OF CONTACT PERS	1 1	
Contact Name	Phillips		Contact Title PARTNER		
Street Address	ST		City Providence	State R. I.	Zip 03907
7. LIST <u>ALL</u> MANAGERS (NAI "X" BOX FOR ATTACHMEN	MES AND ADDRES	SES) OF THE LIMI	TED LIABILITY COMPANY, IF AP	PLICABLE - <u>DO NO</u>	T LIST NEMBERS
Manager Name:			Manager Name		
Street Address'			Street Address		
City	State	Zin	City	State	Zip
Manager Name			Manager Name		****
Street Address		Street Address			
City	State	∠ıþ	City	State	Zip
8. RESIDENT AGENT IN RHOD	E ISLAND	30年中40月1日東京			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					
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			Under penalty of perjury, this report, including any and that all statements co	accompanying sch	edules and statements,
			Signature of Authorized Per	son / //	
			アint or Type Name of Autho	prized Person	

Form No. 632 Revised: 01/2012