

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

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.

Entity ID No. Z. Exact name of the limited liability company					
787935 The Vowl+ Longe LLC					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island				
RI Bar Lounge 5. Principal office address 387 Howelis Ave Providence RI 02903					
5. Principal office address 387 44We	his Ave	2	City Providence	State	Zip 02903
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROSCMCM Gancia			Contact Title O C F O		
Street Address Community Dr			Cranston	State	Zip 62 90 5
	ES AND ADDRES		LIABILITY COMPANY, IF APPL	ICABLE - <u>DO N</u> O	T LIST MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip 23
8. RESIDENT AGENT IN RHODE	ISLAND				
This information is currently of record in the Office of the Secretary of State. Changes require filling Form 642.					
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A.A.31.58p.m.					
Under penalty of perjury, I declare and affirm that I have examined					
File Date this report, including any accompanying schedules and statements and that all statements contained herein are true and correct.					
Check No.	6.44.4		Meque	120cm	
By:			Signature of Authorized Perso		Date
FOR SECRETARY OF STATE (Migue Fai	~c.'a		
Print or Type Name of Authorized Person					

Form No. 632 Revised: 01/2012