



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>000162465</b>		2. Exact name of the limited liability company <b>CASTER RESTAURANT CONSULTING LLC</b>	
3. State of Formation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Restaurant Consulting Services</b>	
5. Principal office address <b>131 AIRPORT ROAD</b>		City <b>WARWICK</b>	State <b>RI</b> Zip <b>02889</b>
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON			
Contact Name <b>Richard A. Caster</b>		Contact Title <b>President</b>	
Street Address <b>131 AIRPORT ROAD</b>		City <b>WARWICK</b>	State <b>RI</b> Zip <b>02889</b>
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE. DO NOT LIST MEMBERS. ( <input checked="" type="checkbox"/> BOX FOR ATTACHMENT)			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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**

**JAN 25 2016**

By 266061

KUM

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
2016 JAN 25 PM 1:02

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

Richard A. Caster  
Print or Type Name of Authorized Person

Date

1/20/16

File Date  
Check No.  
By  
FOR SECRETARY OF STATE USE ONLY