

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 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. 000516660		2. Exact name of the limited liability company H&C FOOD SERVICE, LLC					
3. State of Formation		4. Brief description of the character of business conducted in Rhode Island FULL SERVICE RESTAURANT					
5. Principal office address 621 POUND HILL ROAD, SUITE 114			City NORTH SMITHFIELD	State RI	Zip 02896		
6. MAILING ADDRESS OF LIN	ITED LIABILT	TY COMPANY AND N	AME OR TITLE OF CONTACT PERSO	N:			
Contact Name JOSE SANCHEZ			Contact Title MANAGER				
Street Address 621 POUND HILL ROAD			City NORTH SMITHFIELD	State RI	Zip 02896		
7. LIST <u>ALL</u> MANAGERS (NA ("X" BOX FOR ATTACHMEI	MES AND ADD	PRESSES) OF THE LII	MITED LIABILITY COMPANY, IF APPI	LICABLE - DO	NOT LIST MEMBERS		
Manager Name JOSE SANCHEZ			Manager Name				
Street Address 6 BEARSKIN FARM RO	AD		Street Address	·····			
City NORTH SMITHFIELD	State RI	Zip 02896	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
Dity	State	Zip	City	State	Zip		
3. RESIDENT AGENT IN RHOL	DE ISLAND			<u> </u>			
This information is currently of	of record in the	e Office of the Secreta	ary of State. Changes require filing F	orm 642.			

FILED

BY KL 441506

Flie Date	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.		
Check No	Jose Asynther	4-19-16	
By:	Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY	JOSE SANCHEZ		
FOR SECREMANT OF STATE USE ORLI	Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012