

## State of Rhe and and and Providence Plantations Department of State - Business Services Division

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

Filing Fee: \$50.00 \*FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENELTY

					SSC	
1. Entity ID Number	2. Exact i	name of the Limi				
793162	1	TWO GULLS CAFE UL				
3. State of Formation	4. Brief de	escription of the	character of business conducted	d in Rhode Island	Paking project design to a stance of	
RI	^	estaurar		A MATERIA DE LA COMPANIA DE LA COMP	eren errene beren errene en er	
5. Principal Office Address			Cly	State	Zip Zip	
2 State Greet			Narragense	H RI	92882	
6. Mailing Address of Limit	ed Liability Comp	any and Name o	r Title of Contact Person		ede <b>vi</b> eralian (20 <b>5</b> 0-200)	
Contact Name MACI	1 Carpen	ter	Contact Title Owner			
Street Address 52 Tupelo Trail			City Janasans	ett State	Zip07882	
7. List ALC managers (nan	nes and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE- DO NOT 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	
			Ch	eck the box to indicate	an attachment	
8. Resident Agent in Rhode	Island This inform	ation is currently o	f record in the Department of State.	Changes require filing F	orm 642	
Under penalty of perjury, statements, and that all st	l declare and aff	irm that I have i	examined this report, including	ig any accompanyin	g schedules and	
Name of Authorized Person WALY		ster		Date	Date	
Signature of Authorized Per	" arais	SIGN DC	TOUMENT HERE	<u> </u>		
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Form No. 632 Revised: 2016