

State of Rhode Island 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 Cor Filing period: September	1 - November 1	_	for the year: 2015 BY DECEMBER 1 WILL RE		DENALTY SEE	
	···	*			PENALIT FEE.	
1. Entity ID Number	2. Exact n	2. Exact name of the Limited Liability Company				
838750	Adriana I	Adriana Enterprises, LLC				
3. State of Formation	4. Brief de	scription of the c	haracter of business conducted	l in Rhode Island		
Rhode Island	F	Food and beverage establishment				
5. Principal Office Address			City	State	Zip	
417 Putnam Pike			Glocester	RI	02814	
6. Mailing Address of Limite	d Liability Compa	any and Name o	r Title of Contact Person		one of the state of the second	
Contact Name Adriana Lan	cia aka Adriar	na lannuzzi	Contact Title Member			
Street Address 417 Putnam Pike			City Glocester	State RI	^{Zip} 02814	
7. List ALL managers (name	es and addresse	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Namc			Manager Name			
Street Addres			Street Address			
C ^{r.}	٤٠٠٠	Ι	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			Ch	eck the box to indica	te an attachment	
8. Resident Agent in Rhode	Island This inform	ation is currently o	of record in the Department of State	. Changes require filing	Form 642.	
Under penalty of perjury, I statements, and that all st			examined this report, including true and correct.	ng any accompanyii	ng schedules and	
Name of Authorized Person		<u> </u>	111111111111111111111111111111111111111	Date		
Adriana Lancia	4 //					
Signature of Authorized Pers		SIGN DO	OCUMENT HERE			
				FILE	1	
	V			TILL	j	
				MAY 1 2 20	16	

Form No. 632 Revised: 2016