

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.



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1. Entity ID Number	2 Exact name of the Limited Liebility Company					
I .	2. Exact name of the Limited Liability Company					
000797704	MANCHESTER 65 LLC					
3. State of Formation	4. Brief description of the character of business conducted in Rhode Island					
RI	NIGHTCLUB					
5. Principal Office Address			City	State	Zip	
330B CHURCHST			RICHMUND	In	02894	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name James U. Cheas			Contact Title Owner			
Street Address CHUNCH ST			City RICHMUND	State I	Zip 02894	
7. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - 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	
Check the box to indicate an attachment						
8. Resident Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.						
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.						
Name of Authorized Person	5 UIC			Date 8-11-16		
Signature of Anthorized Person SIGN DOCUMENT HERE						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED AUG 11 20

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