



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2015
Limited Liability Company

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 SECRETARY OF STATE
 CORPORATIONS DIV

2016 AUG 11 AM 10:39

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <u>000797704</u>		2. Exact name of the Limited Liability Company <u>MANCHESTER 05 LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>NIGHT CLUB</u>			
5. Principal Office Address <u>330B CHURCH ST</u>		City <u>RICHMOND</u>	State <u>RI</u>	Zip <u>02894</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>JAMES V. CLERS</u>		Contact Title <u>OWNER</u>			
Street Address <u>330B CHURCH ST</u>		City <u>RICHMOND</u>	State <u>RI</u>	Zip <u>02894</u>	
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 <input type="checkbox"/>					
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 <u>JAMES V. CLERS</u>				Date <u>8-11-16</u>	
Signature of Authorized Person		SIGN DOCUMENT HERE			

FILED

AUG 11 2016

By 281089
A.A. 10:40 A.M.

MAIL TO:
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 Website: www.sos.ri.gov