Sta	ate of Rhode Island and F Office of the Secre			S Fee: \$50.0
	Division Of Busin	ess Services		
	148 W. River			
	Providence RI 02			
HOPE	(401) 222-	3040		
Limited Liability Comp	any			
Annual Report				
Filing Period: September 1 -	November 1			
	7-16-66(d), each limited liability co thirty (30) days after the time pre enalty fee of \$25.00.			
ANNUAL REPORT YEAR:	2016			
1. ID No. <u>000162254</u>				
2. Exact Name of the Lim	ited Liability Company Range	on LLC		
3. State of Formation				
State: <u>RI</u>				
	ARTICLE II			
Licing the following NALCO				
USING THE IONOWING NAICS (codes, please select the code the	t best describes	your busin	ess.
NIACS Code	codes, please select the code that	t best describes	-	
	codes, please select the code that	t best describes	your busin	<u>72</u>
NIACS Code	Character of the Business Wh		6	<u>72</u>
NIACS Code	· ·		6	<u>72</u>
NIACS Code	· ·		6	<u>72</u>
NIACS Code 4. Brief Description of the <u>RESTAURANT</u>	Character of the Business Wh		6	<u>72</u>
NIACS Code 4. Brief Description of the	Character of the Business Wh		6	<u>72</u>
NIACS Code 4. Brief Description of the <u>RESTAURANT</u> 5. Principal Office Address No. and Street: 294 Wz	Character of the Business Wh s	ich is Actually	Conducted	<u>72</u> I in Rhode Island
NIACS Code 4. Brief Description of the <u>RESTAURANT</u> 5. Principal Office Address No. and Street: 294 Wz	Character of the Business Wh	ich is Actually	6	<u>72</u>
NIACS Code 4. Brief Description of the <u>RESTAURANT</u> 5. Principal Office Address No. and Street: 294 W. City or Town: <u>SMITE</u>	Character of the Business Wh s	ich is Actually State: <u>RI</u> Zi	5 Conducted	<u>72</u> I in Rhode Island Country: <u>USA</u>
NIACS Code 4. Brief Description of the <u>RESTAURANT</u> 5. Principal Office Address No. and Street: 294 W. City or Town: SMITH 6. Mailing Address of Lim	Character of the Business Wh s <u>ATERMAN AVENUE</u> <u>IFIELD</u> ited Liability Company and Na	ich is Actually State: <u>RI</u> Zi	5 Conducted	<u>72</u> I in Rhode Island Country: <u>USA</u>
NIACS Code 4. Brief Description of the RESTAURANT 5. Principal Office Address No. and Street: 294 W. City or Town: SMITH 6. Mailing Address of Lim Contact Name: ISABEL JI	Character of the Business Wh s <u>ATERMAN AVENUE</u> <u>IFIELD</u> ited Liability Company and Na JAN Contact Title:	ich is Actually State: <u>RI</u> Zi	5 Conducted	<u>72</u> I in Rhode Island Country: <u>USA</u>
NIACS Code 4. Brief Description of the RESTAURANT 5. Principal Office Address No. and Street: 294 W. City or Town: SMITH 6. Mailing Address of Lim Contact Name: ISABEL JI	Character of the Business Wh s <u>ATERMAN AVENUE</u> <u>IFIELD</u> ited Liability Company and Na <u>JAN</u> Contact Title: <u>ATERMAN AVENUE</u>	ich is Actually State: <u>RI</u> Zij	5 Conducted	<u>72</u> I in Rhode Island Country: <u>USA</u>
NIACS Code 4. Brief Description of the <u>RESTAURANT</u> 5. Principal Office Address No. and Street: 294 W, City or Town: SMITH 6. Mailing Address of Lim Contact Name: ISABEL JI No. and Street: 294 W,	Character of the Business Wh s <u>ATERMAN AVENUE</u> <u>IFIELD</u> ited Liability Company and Na <u>JAN</u> Contact Title: <u>ATERMAN AVENUE</u>	ich is Actually State: <u>RI</u> Zij	5 Conducted b: 02917 Contact Per	<u>72</u> I in Rhode Island Country: <u>USA</u> rson:
NIACS Code 4. Brief Description of the RESTAURANT 5. Principal Office Address No. and Street: 294 W. City or Town: SMITH 6. Mailing Address of Lim Contact Name: ISABEL JI No. and Street: 294 W./ City or Town: SMITH 6. Mailing Address of Lim Contact Name: ISABEL JI No. and Street: 294 W./ City or Town: SMITH	Character of the Business Wh s ATERMAN AVENUE IFIELD ited Liability Company and Na JAN Contact Title: ATERMAN AVENUE FIELD	ich is Actually State: <u>RI</u> Zij me or Title of C State: <u>RI</u> Zip	6 Conducted b: 02917 Contact Per : 02917	72 I in Rhode Island Country: <u>USA</u> rson: Country: <u>USA</u>
NIACS Code 4. Brief Description of the RESTAURANT 5. Principal Office Address No. and Street: 294 W. City or Town: SMITH 6. Mailing Address of Lim Contact Name: ISABEL JI No. and Street: 294 W./ City or Town: SMITH 6. Mailing Address of Lim Contact Name: ISABEL JI No. and Street: 294 W./ City or Town: SMITH 7. Name and Address of E	Character of the Business Wh s ATERMAN AVENUE IFIELD ited Liability Company and Na JAN Contact Title: ATERMAN AVENUE FIELD	ich is Actually State: <u>RI</u> Zij me or Title of C State: <u>RI</u> Zip	6 Conducted b: 02917 Contact Per : 02917	72 I in Rhode Island Country: <u>USA</u> rson: Country: <u>USA</u>
NIACS Code 4. Brief Description of the RESTAURANT 5. Principal Office Address No. and Street: 294 W. City or Town: SMITH 6. Mailing Address of Lim Contact Name: ISABEL JI No. and Street: 294 W. City or Town: SMITH 6. Mailing Address of Lim Contact Name: ISABEL JI No. and Street: 294 W. City or Town: SMITH 7. Name and Address of E DO NOT LIST MEMBERS	Character of the Business Wh s ATERMAN AVENUE IFIELD ited Liability Company and Na JAN Contact Title: ATERMAN AVENUE FIELD Each Manager of the Limited L S	ich is Actually State: <u>RI</u> Zij me or Title of C State: <u>RI</u> Zip	5 Conducted 0: 02917 Contact Per : 02917 hy, if Appli Addree	72 I in Rhode Island Country: <u>USA</u> rson: Country: <u>USA</u>
NIACS Code 4. Brief Description of the RESTAURANT 5. Principal Office Address No. and Street: 294 W. City or Town: SMITH 6. Mailing Address of Lim Contact Name: ISABEL JI No. and Street: 294 W. City or Town: SMITH 6. Mailing Address of Lim Contact Name: ISABEL JI No. and Street: 294 W. City or Town: SMITH 7. Name and Address of E DO NOT LIST MEMBERS	Character of the Business Wh s ATERMAN AVENUE IFIELD ited Liability Company and Na JAN Contact Title: ATERMAN AVENUE FIELD Each Manager of the Limited L S Individual Name	ich is Actually State: <u>RI</u> Zij me or Title of C State: <u>RI</u> Zip Jability Compan	5 Conducted c: 02917 Contact Per : 02917 hy, if Appli Addree ty or Town, State	72 I in Rhode Island Country: USA rson: Country: USA icable. icable. ess ate, Zip Code, Country ERMAN AVE.

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ISABEL CHEN JUAN 294 WATERMAN AVENUE SMITHFIELD , RI 02917

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 31 Day of August, 2016 at 12:44:39 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>ISABEL JUAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

 $\textcircled{\mbox{\sc only}}$ 2007 - 2016 State of Rhode Island and Providence Plantations All Rights Reserved