

Annual Report for the year: 2016 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.

1. Entity ID Number	2. Exact name	e of the Limited Li	ishility Company		
508373	1	AMRA, LLC	ability Company		
3. NAICS Code			acter of business conducted in		
722410	Ti bittai waaasa			∄ Rhode Island	
5. State of Formation	4	1 Colauran	t and lounge		
Rhode Island					
				<u></u>	
6. Principal Office Address			City	State	Zip
One Turks Head Plac			Providence	RI	02903
7. Mailing Address of Limited Lia	ability Company	and Name or Title	e of Contact Person		<u> </u>
Contact Name			Contact Title		
Moshe Gabai Street Address			Member		
99 Walton Street			City Providence	State RI	Zip 02908
8. List ALL managers (names ar	nd addresses) of	the Limited Liab	ility Company, IF APPLICABI		FMBFRS
Manager Name			Manager Name		
Street Address					
			Street Address		
City	State	Zip	City	State	Zip
Manager Name		<u> </u>	1		
			Manager Name		
Street Address			Street Address		
City	State	Zip	O(a)		
.,		Zip	City	State	Zip
			<u> </u>	Check the box to indi	Licate an attachment
9. Resident Agent in Rhode Island	d. This information	is currently of recr	ord with the Department of State	. Changes require filing F	Form 642
Under penany of perjury, I decid	lare and affirm ti	that i have evem	rined this report including a	any accompanying :	schedules and
statements, and that all statements and that all statements. Name of Authorized Person	ants contained	herein are true i	and correct.		
Moshe Gabai				Date 9/	/1/
				1/"	/ 10
Signature of Authorized Person		SIGN DOC	CUMENT HERE	MA	
			OMEN HEKE	MININ	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov FILED

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