

Annual Report for the year:	2016	
Limited Liability Company		Ī

→ Filing period: September 1 - November 1

l Turks Head Place, Suite 312

→ Filing Fee: \$50.00

707248 (

722410

5. State of Formation Rhode Island 6. Principal Office Address

Moshe Gabai

99 Walton Street

1. Entity ID Number

3. NAICS Code

Contact Name

Street Address

Manager Name

Street Address

Manager Name

City

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

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

State

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT

ny				to the second of
1 - Noven	nber 1			
fee if form	is not filed by [December 1.	_	<u> </u>
2. Exact n	ame of the Limit	ed Liability Company	-	
Tel	Aviv, LLC			
4. Brief de	scription of the o	character of business conducted	in Rhode Island	
	Restaurant	and lounge		
<u>-</u> -		City	State	Zip
Suite 312		Providence	RI	02903
lity Compa	any and Name o	Title of Contact Person		
		Contact Title Member		
		City Providence	State RI	Zip 02908
addresse	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST M	EMBERS
		Manager Name		·
		Street Address		
itate	Zip	City	State	Zip
		Manager Name		
		Street Address		
tate	Zip	City	State	Zip

Street Address			Manager Name			
			Street Address			
City	State	Zip	City	State	Zip	
9 Resident Agent in Ph	ando loland This is			Check the box	to indicate an atta	chment _
Mades assetted to	ode Island, This inform	nation is currently	of record with the Departmer	nt of State. Changes requir	e filing Form 642.	
statements, and that a	ry, i declare and aff	irm that i have	AXAMIDAD this report in	cluding any accompa	ying schedules a	nd
Name of Authorized Per				Date		
Moshe Gabai				Date	1/11/16	
Signature of Authorized	Person	SIGN	DOCUMENT HERE	M		<u></u>
						

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

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