



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

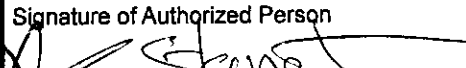
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FOR
SECRETARY OF STATE
USE ONLY

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 164148		2. Exact name of the Limited Liability Company M.A.S. ENTERPRISES, LLC			
3. NAICS Code		4. Brief description of the character of business conducted in Rhode Island RESTAURANT OPERATION AND ANY OTHER LEGAL PURPOSES			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 144 STONE SOUP FARM WAY		City WAKEFIELD		State RI	Zip 02879
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name MICHAEL A. STEWART			Contact Title MEMBER		
Street Address 144 STONE SOUP FARM WAY		City WAKEFIELD		State RI	Zip 02879
8. 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"/>					
9. Resident Agent in Rhode Island. This information is currently of record with 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 MICHAEL A. STEWART, MEMBER				Date 9/15/16	
Signature of Authorized 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

SEP 19 2016

By 4406
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