(B)	State of Rhode Island and Providence Plantations  Department of State - Business Services Division
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Annual Report for the Limited Liability Comp	year: _²	016	_			
→ Filing period: Septembe → Filing Fee: \$50.00 → Penalty: Additional \$25.0	r 1 - Nove		December 1.			
Entity ID Number     2. Exact name of the Limited Liability Company						
1657548		oy Public Hous				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
72 - Accommodation and Food	Tavern					
5. State of Formation	-					
RI						
6. Principal Office Address			City	State	Zip	
1182 Narragansett Parkway			Warwick	RI	02888	
7. Mailing Address of Limited Lia	bility Comp	any and Name	or Title of Contact Person			
Contact Name Angela Lentz			Contact Title Member			
Street Address 1182 Narraganse	tt Parkway		City Warwick	State RI	Zip 02888	
8. List ALL managers (names ar	nd addresse	es) of the Limited			02300	
Manager Name			Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  Manager Name			
Street Address	<u> </u>		Street Address			
City	<u> </u>	<del></del>				
	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Chack the hey to		
Resident Agent in Rhode Island	d. This inform	nation is currently	of record with the Department of Si	ata Changas require 61	ndicate an attachment	
Under penalty of perjury, I deci statements, and that all statem	are ano an	irm that i have	avaminad thia t1, 11	ng any accompanyin	g schedules and	
Name of Authorized Person			a a e ana con ect.	Date Sept	10 000	
Angela Lentz, Member					ember 10, 2016	

SIGN DOCUMENT HERE

MAIL TO:

**Division of Business Services** 

Signature of Authorized Person

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

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

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FORM 632 - Revised: 08/2016