| / 5 2 \       | of Rhode Island and Pro<br>artment of State | <br><del>-</del> |  |  |
|---------------|---|------------------|--|--|
| -             | ort for the year:                           | 2016             |  |  |
| Limited Liai  | bility Company                              |                  |  |  |
| → Filing peri | od: September 1 - No                        | vember 1         |  |  |

| → Penalty: Additional \$                   | \$25.00 fee if form   | is not filed by D   | December 1.                        |                     |                       |  |  |  |
|--|-----------------------|---|------------------------------------|---------------------|-----------------------|--|--|--|
| 1. Entity ID Number                        | 2. Exact n            | 2. Exact name of the Limited Liability Company  |                                    |                     |                       |  |  |  |
| 555729                                     |                       | Brothers Restaurant, LLC  |                                    |                     |                       |  |  |  |
| NAICS Code     State of Formation          |                       | Brief description of the character of business conducted in Rhode Island  Restaurant preparing deli food for take-out or eat-in consumption |                                    |                     |                       |  |  |  |
| Rhode Island                               |                       |   |                                    |                     |                       |  |  |  |
| <ol><li>Principal Office Address</li></ol> | ;                     |   | City                               | State               | Zip                   |  |  |  |
| 160 Granite Street                         |                       |   | Westerly                           | RI                  | 02891                 |  |  |  |
| 7. Mailing Address of Limit                | ted Liability Compa   | any and Name o  | r Title of Contact Person          |                     |                       |  |  |  |
| Contact Name Bahaa Mahmoud                 |                       |   | Contact Title Owner                | Contact Title Owner |                       |  |  |  |
| Street Address 160 Granite                 | Street                | · · · · · · · · · · · · · · · · · · ·   | City Westerly                      | State RI            | <sup>Zip</sup> 02891  |  |  |  |
| 8. List ALL managers (nan                  | nes and addresse      | s) of the Limited   | Liability Company, IF APPLIC       | ABLE - DO NOT LIST  | MEMBERS               |  |  |  |
| Manager Name                               |                       |   | Manager Name                       | Manager Name        |                       |  |  |  |
| Street Address                             |                       |   | Street Address                     | Street Address      |                       |  |  |  |
| City                                       | State                 | Zip   | City                               | State               | Zip                   |  |  |  |
| Manager Name                               | <u> </u>              | <u> </u>  | Manager Name                       | Manager Name        |                       |  |  |  |
| Street Address                             |                       |   | Street Address                     | Street Address      |                       |  |  |  |
| City                                       | State                 | Zip   | City                               | State               | Zip                   |  |  |  |
|  |                       |   |                                    | Check the box to i  | ndicate an attachment |  |  |  |
| 9. Resident Agent in Rhode                 | e Island. This inform | nation is currently of  | of record with the Department of S |                     |                       |  |  |  |
|  | l declare and aff     | irm that I have o   | examined this report, includi      |                     |                       |  |  |  |
| Name of Authorized Persor                  | Date                  | Date  |                                    |                     |                       |  |  |  |
| Bahaa Mahanade 2                           | 00                    |   | 09/09/16                           |                     |                       |  |  |  |
| Signature of Authorized Per                | rson                  |   |                                    |                     |                       |  |  |  |

## MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

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

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FORM 632 - Revised: 08/2016