State of Rhode Island and Providence Plantations Department of State - Business Services Division	
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 of the Limited Liability Company						
509301	MARINA CAFE, LLC						
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
72	HOSPITALITY						
5. State of Formation							
RHODE ISLAND							
6. Principal Office Address			City	State	Zip		
8 FREEBODY STREET			NEWPORT	RI	02840		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name JAMES F. HYMAN		Contact Title REGISTERED AGENT					
Street Address 8 FREEBODY STREET			City NEWPORT	State RI	Zip 02840		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name	me			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							
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 Rie HAND GSARRUITH 9/16/16							
Signature of Authorized Person							

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**

