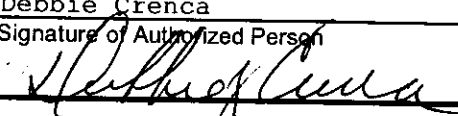


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 65968 <u>11056908</u>		2. Exact name of the Limited Liability Company Nicobella's Family Restaurant, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Full Service Restaurant	
5. Principal Office Address 74 Dorrance Street		City Providence	State RI
		Zip 02903	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Debbie Crenca		Contact Title Member	
Street Address 74 Dorrance Street		City Providence	State RI
		Zip 02903	
7. 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"/>			
8. Resident Agent in Rhode Island. This information is currently of record in 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 Debbie Crenca		Date 9-28-16	
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
OCT 03 2016
BY 1104 DS