	Island and Provider t of State - Bu		ces Division	-		
Annual Report for Limited Liability C → Filing period: Septe → Filing Fee: \$50.00 → Penalty: Additional	ompany ember 1 - Novem	ber 1	cember 1.	2 (3.0 or	ATTACATE AND	
1. Entity ID Number	2. Exact n	ame of the Limited	Liability Company		<u>ಾಳದಿ</u> 	
600639319	290	Eddies RBQ LLC			10: 4: 00 0 VALE	
3. NAICS Code 7 2 5. State of Formation	4. Brief de		aracter of business conducted in			
6. Principal Office Addres		-00 400a	City	State	Zip	
55 Spice Resh trail			Sind & Restaurant City Norvaganet	RI	02882	
7. Mailing Address of Limi		any and Name or T	itle of Contact Person			
Contact Name Steven MCLa	ushli	-	Contact Title			
Street Address 55 Sair Ruch Accid			City Narracanet	State	Zip 01882	
	mes and addresse	s) of the Limited Li	ability Company, IF APPLICABL	F - DO NOT LIST	MEMBEDS	
Manager Name		·	Manager Name			
Street Address			Street Address			
City	State	Zīp	City	l o	f	
	0.210		- Oity	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
				Charlette to the		
9. Resident Agent in Rhod	le Island. This inforr	nation is currently of	record with the Department of State.	Changes require fill	indicate an attachment	
Under penalty of perjury statements, and that all :	, I declare and af l	irm that I have ex	amined this report, including a	any accompanyir	ng schedules and	
Name of Authorized Perso		med herein are u	de and correct.	Date		
Steen Melaulli Signature op Authorized Peyson,				\$ 10/5/16		
Signature of Authorized Pe	egion,			1 4 70	//8	

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

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By \$2285185