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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **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.

4. Cutity ID Number	O Freeham of the Living Hill	177. 0			
1. Entity ID Number	2. Exact name of the Limited Liability Company				
3056 C	Macca, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
1 17					
5. State of Formation	Restaurat - Seasonal				
5. State of Formation	1 = 7 / 3	_			
KL					
6. Principal Office Address 272 Wester City Wester State 2 Zip 8791					
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Robert	Barber	Contact Title Co - o w			
Street Address 25 Day	Hon St	city West	State 122	Zip 0789/	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name	,	Manager Name			
Street Addresr		Street Address			
City '	State - Zir	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 Robert Bank Date 10/3/16					
Signature of Authorized Person Robert Banks SIGN DOCUMENT HERE					

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 OV OCT 0 5 2016