



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<br><b>1018681</b>                                                                                                                                                                       |       | 2. Exact name of the Limited Liability Company<br><b>Restaurant Helpers, LLC</b>                                                |      |                             |     |                             |                     |
| 3. NAICS Code<br>81 - Other Services (except Pub                                                                                                                                                            |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Restaurant equipment sales &amp; services</b> |      |                             |     |                             |                     |
| 5. State of Formation<br><b>Rhode Island</b>                                                                                                                                                                |       |                                                                                                                                 |      |                             |     |                             |                     |
| 6. Principal Office Address<br><b>79 Pembroke Lane</b>                                                                                                                                                      |       |                                                                                                                                 |      | City<br><b>Coventry</b>     |     | State<br><b>RI</b>          | Zip<br><b>02816</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |       |                                                                                                                                 |      |                             |     |                             |                     |
| Contact Name <b>Eric Castro</b>                                                                                                                                                                             |       |                                                                                                                                 |      | Contact Title <b>Member</b> |     |                             |                     |
| Street Address <b>79 Pembroke Lane</b>                                                                                                                                                                      |       |                                                                                                                                 |      | City <b>Coventry</b>        |     | State <b>RI</b>             | Zip <b>02816</b>    |
| 8. 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"/>                                                                                                                                            |       |                                                                                                                                 |      |                             |     |                             |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |       |                                                                                                                                 |      |                             |     |                             |                     |
| <b>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.</b> |       |                                                                                                                                 |      |                             |     |                             |                     |
| Name of Authorized Person<br><b>Eric Castro</b>                                                                                                                                                             |       |                                                                                                                                 |      |                             |     | Date<br><b>10/1/16</b>      |                     |
| Signature of Authorized Person<br>                                                                                       |       |                                                                                                                                 |      |                             |     | SIGN DOCUMENT HERE <b>1</b> |                     |

**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 05 2016**

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