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.		R.I. DEPT. OF S BUS SVCS C 2016 OCT 1.1 AM	
		9:0	VATE N
1. Entity ID Number 157484	Exact name of the Limited Liability Company     171 Chestnut Street LLC	<u>+</u>	
3. NAICS Code 71 - Arts, Entertainment, and R	Brief description of the character of business conducted in Rhode Island     Owner/operator of a Class BV licensed establishment		

1. Entity ID Number	2. Exact name of the Limited Liability Company							
157484	171 Chestnut Street LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
71 - Arts, Entertainment, and R	Owner/operator of a Class BV licensed establishment							
5. State of Formation								
Rhode Island								
6. Principal Office Address			City	State	Zip			
171 Chestnut Street			Providence	RI	02903			
7. Mailing Address of Limited Lia	bility Compar	ny and Name or Tit			·			
Contact Name Louis J. Fiorenzano			Contact Title Manager					
Street Address 171 Chestnut Street			City Providence	State RI	<sup>Zip</sup> <b>02903</b>			
8. List ALL managers (names ar		) of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS			
Manager Name Louis J. Fiorenzano			Manager Name					
Street Address 171 Chestnut Street			Street Address					
City Providence	State RI	<sup>Zip</sup> 02903	City	State	Zip			
Manager Name			Manager Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
	. •			Check the box to i	ndicate an attachment			
9. Resident Agent in Rhode Islan	d. This informa	ation is currently of re	ecord with the Department of Sta	ate. Changes require filir	ng Form 642.			
Under penalty of perjury, I dec statements, and that all staten				ng any accompanyin	g schedules and			
Name of Authorized Person	Date /	Date						
Louis J. Fiorenzano	4/23/16	, <b>&gt;</b>						
Signature of Authorized Person		SIGN DO	OCUMENT 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

OCT 1 1 2016

FILED

BY Ch 10222