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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.

C								
Entity ID Number	2. Exact name of the Limited Liability Company							
134385	THE PALE, LLC							
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
72 - Accommodation and Food	OPERATION OF A RESTAURANT AND FOOD SERVICE							
5. State of Formation]							
RI								
6. Principal Office Address			City	State	Zip			
25 HALIDON AVENUE			NEWPORT	RI	02840			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person								
Contact Name JOHN CAULFIELD	JOHN CAULFIELD Contact Title							
Street Address 25 HALIDON AVENUE			City NEWPORT	State RI	^{Zip} 02840			
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	Žip	City	State	Zip			
Check the box to indicate an attachment								
9. Resident Agent in Rhode Islan	d. This information	n is currently of reco	ord with the Department of State. Char	nges require filing F	orm 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 Date Sept 28 16								
Signature of Authorized Person								
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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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