



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.

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1. Entity ID Number <u>792752</u>		2. Exact name of the Limited Liability Company <u>ROCCO'S LITTLE ITALY, LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Restaurant</u>			
5. Principal Office Address <u>880 East MAIN Rd - Unit 1</u>		City <u>PORTSMOUTH</u>		State <u>RI</u>	Zip <u>02871</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>KENNETH GOLINI</u>			Contact Title <u>OWNER</u>		
Street Address <u>880 East MAIN Rd - Unit 1</u>		City <u>PORTSMOUTH</u>		State <u>RI</u>	Zip <u>02871</u>
7. 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"/>					
8. Resident Agent in Rhode Island. This information is currently of record in 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 <u>KENNETH GOLINI</u>				Date <u>10-16-16</u>	
Signature of Authorized Person <u>[Signature]</u>				[Stamp]	

FILED

OCT 17 2016

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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