



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS. SVCS. DIV.  
 2016 OCT 26 AM 11:14

**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 <u>186195</u>		2. Exact name of the Limited Liability Company <u>Red Stripe, LLC</u>			
3. NAICS Code <u>72</u> <input type="checkbox"/>		4. Brief description of the character of business conducted in Rhode Island <u>acquiring, developing, owning &amp; operating restaurants &amp; catering business</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>375 Commerce Park Road</u>		City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>Paul Corfatti</u>			Contact Title		
Street Address <u>375 Commerce Park Road</u>		City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <u>Red Stripe Holdings, LLC</u>		Manager Name			
Street Address <u>375 Commerce Park Road</u>		Street Address			
City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	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 <u>Mark Perlman, Manager of Manager</u>				Date <u>10-14-16</u>	
Signature of Authorized Person <u>[Signature]</u>		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**<sup>m</sup>  
 OCT 26 2016  
 BY CK 63134