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

→ 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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R.I	DEPT. OF STATE
	VIQ Cove ave

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	lo e	*** ** ** **				
1. Entity ID Number	2. Exact name of the Limited Liability Company					
750269	Square one LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
72						
5. State of Formation						
RI	Restas	rant				
6. Principal Office Address			City	State	Zip	
446 Waterman Ave.			E. Providence	27	02914	
7. Mailing Address of Limited Lia	bility Company a	and Name or Title				
Contact Name Alan MAnchester			Contact Title WneIL			
Street Address 446 Wattonem HJE			City & Providence	<u> </u>	Zip 0 2 9 1 4	
8. List ALL managers (names ar	nd addresses) of	the Limited Liab	ility 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	
	·	· L	- ' Ct	neck the box to	indicate an attachment	
9. Resident Agent in Rhode Islan	id. This informatio	n is currently of rec	ord with the Department of State. Ch	langes require fili	ng Form 642.	
Under penalty of perjury, I dec statements, and that all statem	lare and affirm ients contained	that I have exan ' herein are true	nined this report, including any and correct.	/ accompanyii	ng schedules and	
Name of Authorized Person	anhe			Date / U/	27/16	
Signature of Authorized Person Alan MAN	chester			7		

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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