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.	

— Prenaity. Additional \$25.00		not med by Decei	niber 1.			
Entity ID Number	2. Exact nam	e of the Limited Lia	ability Company			
794007	MELDGIE'S DINER, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
72 - Accommodation and Food	RESTAURANT					
5. State of Formation	1					
RI						
6. Principal Office Address			City	State	Zip	
4 WYNDCLIFT DRIVE			SAUNDERSTOWN	RI	02874	
7. Mailing Address of Limited Lia		and Name or Title	of Contact Person			
Contact Name MARK T. ELDRIDGE			Contact Title			
Street Address 4 WYNDCLIF PDRIVE			City SAUNDERSTOWN	State RI	Zip 02874	
8. List ALL managers (names ar	nd addresses) (of the Limited Liabi	lity Company, IF APPLICABLE -	DO NOT LIST N	EMBERS	
Manager Name LORI L. Eldudge		Manager Name				
Street Address 4 WYHO CLIFF DR.			Street Address			
City Sounders from	State 2	Zip v 2874	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
			CI	neck the box to in	dicate an attachment	
9. Resident Agent in Rhode Islan	d. This informati	on is currently of rec	ord with the Department of State. Ch	nanges require filing	Form 642.	
Under penalty of perjury, I deci statements, and that all statem				y accompanying	schedules and	
Name of Authorized Person MGRK T ELDRIDGE			DGE	Date 10	/2/16	
Signature of Authorized Person	~~>	Sign Des	OMENT HERE		, i	

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