



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Limited Liability Company  
Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. ID No. 000542361

2. Exact Name of the Limited Liability Company ROMA, LLC

3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

72

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THE COMPANY IS FORMED FOR THE PURPOSE OF ENGAGING IN FOOD SERVICE AND IN SUCH ACTIVITIES AS THE MANAGER MAY DETERMINE WHICH ARE PERMITTED TO BE ENGAGED IN BY LIMITED LIABILITY COMPANIES UNDER THE PROVISIONS OF THE RHODE ISLAND LIMITED LIABILITY COMPANY ACT, AS AMENDED.

5. Principal Office Address

No. and Street: 310 ATWELLS AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: DOMENIC IERFINO Contact Title:

No. and Street: 310 ATWELLS AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

MANAGER	DOMENIC IERFINO	310 ATWELLS AVENUE PROVIDENCE, RI 02903 USA
MANAGER	ROSANNA GRILLO	310 ATWELLS AVE PROVIDENCE, RI 02903 USA
MANAGER	MICHAEL SORABIEN	310 ATWELLS AVE PROVIDENCE, RI 02903 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MCLAUGHLIN & QUINN, LLC 148 WEST RIVER STREET, SUITE 1E PROVIDENCE , RI 02904

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 1 Day of November, 2016 at 3:55:08 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DOMENIC IERFINO  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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