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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.

1. Entity ID Number	To Exact na	eme of the Limited Li	ability Company			
788795	Exact name of the Limited Liability Company  B'Z BREAKFAST, BURGERS & BEYOND, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
	Restaurant					
5. State of Formation						
Rhode Island						
6. Principal Office Address	<del></del>		City	State	Zip	
970 Douglas Pike, Bldg A, Unit A			Smithfield	RI	02917	
7. Mailing Address of Limited Lia	bility Compa	ny and Name or Title	of Contact Person			
Contact Name Geri Dale Brooks			Contact Title Member			
Street Address 15 Toni Circle			City North Smithfield	State RI	<sup>Zip</sup> 02917	
8. List ALL managers (names ar	nd addresses	) of the Limited Liabi	ility Company, IF APPLICABLI	E - DO NOT LIST M	EMBERS	
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 inc	licate an attachment	
9. Resident Agent in Rhode Island. This information is currently of record with 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 Date						
Geri Dale Brooks / 10/24/2016						
Signature of Authorized Person 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** 

FORM 632 - Ravised: 08/2016