

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

3. State of Formation		2 Exact name of the limited liability company Andreozzi's 133 Club, LLC				
RHODE ISLAND	4. Brief des Ownersh	Brief description of the character of business conducted in Rhode Island Ownership and Operation of Real Estate				
5. Principal office address 29 Warren Avenue			City East Providence	State RI	Zip 02914	
6. MAILING ADDRESS OF I	LIMITED LIABILIT	Y COMPANY AND	NAME OR TITLE OF CONTACT PER	SON:		
Contact Name Anthony Andreozzi			Contact Title			
Street Address 29 Warren Avenue			City East Providence	State RI	Zip 02914	
7. LIST <u>ALL</u> MANAGERS (I ("X" BOX FOR ATTACHN	NAMES AND ADD	RESSES) OF THE	LIMITED LIABILITY COMPANY, IF A	PPLICABLE - <u>DO</u>	NOT LIST MEMBER	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN RH	IODE ISLAND					
This information is current	ly of record in the	Office of the Secr	retary of State. Changes require filin	o Form 642		

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File Date	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
Check No	and that all statements contained herein are true and correct.
Ву:	Signature of Authorized Person Date
FOR SECRETARY OF STATE USE ONLY	Anthony J. Andreozzi, III
OTTO TO STATE OUT ONLY	Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012