

Annual Report for the year: ____20/6 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.

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Entity ID Number 2. Exact name of the Limited Liability Company							
106960		wood STREET CAFE 2LC					
3. NAICS Code	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island					
5. State of Formation	C	CAFC					
RI							
6. Principal Office Address	recel ST		City Bristel	State RI	02809		
7. Mailing Address of Limited	Liability Compar	ny and Name or Ti	itle of Contact Person				
Contact Name SEBASTIAN Wordell			Contact Title CUNALY				
Street Address 260 1/2 weed st,		City Bristol	State RI	Zip OJGC 9			
8. List ALL managers (names	and addresses)	of the Limited Lia	ability Company, IF APPLICAE	BLE - DO NOT LIST N	MEMBERS		
Manager Name	Manag			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 indicate an attachmen							
9. Resident Agent in Rhode Is	land. This inform	ation is currently of	record with the Department of Sta	ate. Changes require filin	g Form 642.		
Under penalty of perjury, I o statements, and that all stat				ng any accompanyin	g schedules and		
Name of Authorized Person SEBASITAN Wordt			Date 11/2/16				
Signature of Authorized Person	Mode						
							

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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