

-> 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	2. Exact name of the Limited Liability Company					
1658094	CAFE ZELDA, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
81 - Other Services (except Pi	ROSTAURGET					
5. State of Formation						
RI						
6. Principal Office Address			City	State	Zip	
528 THAMES STREET			NEWPORT	RI	02840	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name PATRICK KILROY			Contact Title			
Street Address 528 THAMES STREET			City NEWPORT	State RI	^{Zip} 02840	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
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 indicate 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	Date //- 7 - /6	
FATRICK KIRX				11-7-	- /8	
Signature of Authorized Person						
Signature of Authorized Person						

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 0 NOV 2 8 2016 3 4240