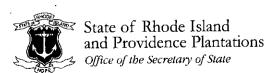
RI SOS Filing Number: 201744775870 Date: 6/5/2017 4:00:00 PM



A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2016

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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 (besc)) is subject to a penalty fee of \$25.00.

7. 11) No. 198047	THE GAGGLE HO	cact name of the limited liability company E GAGGLE HOSPITALITY GROUP, LLC					
3. State of Formation Rhode Island	4. Brief descripti Operate a r	ion of the character of the h restaurant	iness which is actually conducted in Rhode Island				
5. Principal office address		City	State	Zip			
6 MAILING ADDI	PESS OF LIMITED LIAR	ILITY COMPANY AN	D NAME OR TITLE OF CONTA	 ACT PERSON:	ı		
Contact Name	tho of maintab man		Contact Title				
William A. Nardo	one		Agent	Agent			
Street Address			City	State	Zip		
42 Granite Stree	et		Westerly	RI	02891		
	DRESS OF EACH MANA FILL IN	GER OF THE LIMIT SPACES BEFORE US	ED LIABILITY COMPANY, IF A ING ATTACHMENTS ("X" BOX Manager Name	APPLICABLE - <u>DO NOT</u> X FOR ATTACHMENT)	<u>r list members</u>]		
	DRESS OF EACH MANA FILL IN	GER OF THE LIMIT SPACES BEFORE US	ING ATTACHMENTS ("X" BOX	APPLICABLE - <u>DO NOT</u> X FOR ATTACHMENT)	T LIST MEMBERS		
Manager Name	DRESS OF EACH MANA FILL IN	SPACES BEFORE US	ING ATTACHMENTS ("X" BO	APPLICABLE - <u>DO NO</u> X FOR ATTACHMENT) State	T LIST MEMBERS		
Manager Name Street Address	FILL IN	SPACES BEFORE US	Manager Name Street Address	X FOR ATTACHMENT)			
Manager Name Street Address City	FILL IN	SPACES BEFORE US	Manager Name Street Address City	X FOR ATTACHMENT)			

FILED

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b). 2017

798047

-	
File Date	· · · · · · · · · · · · · · · · · · ·
Check No.	
Ву:	
FOR SECRETARY OF ST	TATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examin	ed 1	this report
including any accompanying schedules and statements, and that	all	statement
contained hereimare true and correct.	,	t.

Signature of Authorized Person Date

Print or Type Name of Authorized Person