RI SOS Filing Number: 201748363910 Date: 8/10/2017 10:57:00 AM

State of Rhode Island Department of S			s Division	_	
Annual Report for the y Limited Liability Comp → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.0	year: <u>SC</u> any r 1 - November 0 fee if form is n	1 ot filed by Decer	nber 1.	-	2011 AUG 10 AM 10
1. Entity ID Number	2. Exact name of the Limited Liability Company				
160354	5. b way at the Gasenge Lic 4. Brief description of the character of business conducted in Rhode Island				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island Restaurant				
5. State of Formation					
6. Principal Office Address	<u>. </u>		City	State	Zip
3045 Tower HI	10 1		Squadersbun	R I	02874
		and Nama as Tills	<u></u>	K.	J-0/-1
7. Mailing Address of Limited Li Contact Name Pobert Kera-in	1	and Name Of 1996	Contact Title Menber		
Street Address 54 Raye wood Lane			city wakefield	State &1	Zip O=8 79
8. List ALL mahagers (names a	nd addresses) of	the Limited Liab	ility Company, IF APPLICABLI	- 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 Isla	nd. This informatio	n is currently of rec	ord with the Department of State.	Changes require filir	ng Form 642.
Under penalty of perjury, I de statements, and that all state				any accompanyin	g schedules and
Name of Authorized Person				Date 8 /) 0 /	, ¬
Robert Keramak Signature of Authorized Person	<u></u>			0/10/	/ /
1/1/1	±	SIGN DO	DCUMENT HERE		
MAIL TO:			FILED	1015	7
Division of Business Services 148 W. River Street, Providence,	Rhode Island 02	904-2615	- 4 A 20		
Phone: (401) 222-3040 Website: www.sos.ri.gov			AUG I U ZI	29	
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FORM 632 - Revised: 02/2017