	State of Rhode Island and P Office of the Secre	
	Division Of Busine 148 W. River	
HOPE	Providence RI 02 (401) 222-3	
Limited Liability Con Annual Report	npany	
Filing Period: September	1 - November 1	
	7-16-66(d), each limited liability con hin thirty (30) days after the time pres penalty fee of \$25.00.	
ANNUAL REPORT YEAR	:: <u>2017</u>	
1. ID No. <u>00063864</u>	<u>11</u>	
2. Exact Name of the Limited Liability Company JAMESTOWN CULINARY PARTNERS, LLC		
3. State of Formation		
State: <u>RI</u>		
	ARTICLE III	
-	Code that best describes the primar re information on <u>NAICS</u> can be foun	y business conducted by the entity. Download d online.
<u>722511</u>		
4. Brief Description of t	he Character of the Business Whi	ch is Actually Conducted in Rhode Island
RESTAURANT BUSIN	<u>NESS.</u>	
5. Principal Office Addr	ess	
No. and Street: <u>14 NA</u>	ARRAGANSETT AVENUE	
City or Town: JAM	ESTOWN	State: <u>RI</u> Zip: <u>02835</u> Country: <u>USA</u>
6. Mailing Address of L	imited Liability Company and Nar	ne or Title of Contact Person:
Contact Name: Contact		
	I <u>ARRAGANSETT AVE.</u> ESTOWN	State: RI Zip: 02835 Country: US
·	f Each Manager of the Limited Li	
Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	JOHN S. RECCA	14 NARRAGANSETT AVENUE JAMESTOWN, RI 02835 USA

MATTHEW J. MACCARTNEY

14 NARRAGANSETT AVE.

MANAGER

JAMESTOWN, RI 02835 USA

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

EDWARD G. AVILA, ESQ. 10 WEYBOSSET STREET PROVIDENCE, RI 02903

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

**Signed this 15 Day of September, 2017 at 1:53:16 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By JOHN S RECCA Signature of Authorized Person

Form No. 632 Revised 09/07

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