



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

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(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. ID No. 001665605

2. Exact Name of the Limited Liability Company AP RESTAURANTS LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

722511

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

AP RESTAURANTS LLC D.B.A AS GODAVARI INDIAN RESTAURANT IS A FULL SERVICE DINE IN RESTAURANT OPERATING AT 356 MENDON ROAD, CUMBERLAND, RI. WE ARE

A FRANCHISE RESTAURANTS WITH OVER 18 RESTAURANTS ALL OVER THE UNITED STATES.

WE SERVE A WIDE VARIETY OF SOUTH INDIAN FOOD WITH A LOT AUTHENTIC INDIAN

SPICES AND FLAVORS. WE HAVE WIDE VARIETY OF MENU FOR OUR LUNCH BUFFET AND

ALL OUR DINNERS ARE ALA-CARTE.

WE ARE OPEN 7 DAYS A WEEK.

HERE IS OUR WEBSITE FOR A DETAILED MENU -

HTTPS://WWW.GODAVARIUS.COM/RHODEISLAND/

5. Principal Office Address

No. and Street: 356 MENDON ROAD

City or Town: CUMBERLAND

State: RI

Zip: 02864

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: SUPRIYA RANI VEMULA Contact Title: AP RESTAURANTS LLC
No. and Street: 356 MENDON ROAD
City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name <small>First, Middle, Last, Suffix</small>	Address <small>Address, City or Town, State, Zip Code, Country</small>
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

SRIKANTH JASTI 178 RAILROAD STREET, APT. 3 MANVILLE , RI 02838

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

Signed this 21 Day of September, 2017 at 3:21:26 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 SUPRIYA VEMULA
Signature of Authorized Person

Form No. 632
Revised 09/07