



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR **2017**

Filing Period: September 1 - November 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | | | |
|---|--------------------|--|----------------------------------|---------------------|-----|
| 1. Entity ID No. 980665 | | 2. Exact name of the limited liability company TAVERN ON THE WATER LLC | | | |
| 3. State of Formation RHODE ISLAND | | 4. Brief description of the character of business conducted in Rhode Island RESTAURANT NAICS CODE 722511 | | | |
| 5. Principal office address 239 ELIOT STREET | | City MILTON | State MA | Zip 02186 | |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | | | |
| Contact Name JOSEPH RAHEB | | | Contact Title ATTORNEY | | |
| Street Address 650 WASHINGTON HWY., SUITE 200 | | City LINCOLN | State RI | Zip 02865 | |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Manager Name LINDA MARCHIONI | | Manager Name | | | |
| Street Address 239 ELIOT STREET | | Street Address | | | |
| City MILTON | State MA | Zip 02186 | City | State | Zip |
| Manager Name | | Manager Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND | | | | | |
| This Information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | | | |

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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.

Linda E. Marchioni
 Signature of Authorized Person
 Linda E. Marchioni
 Print or Type Name of Authorized Person

9/11/17
 Date