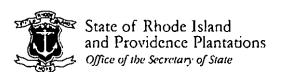
RI SOS Filing Number: 201750438550 Date: 9/25/2017 4:00:00 PM



A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street

Providence, RJ 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

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 (b&c)) is subject to a penalty fee of \$25.00. 1 II) No 2. Exact name of the limited liability company 810065 SUNNYSIDE UP, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island Operate a restaurant and ice cream shop Rhode Island 5. Principal office address State RI 253 Post Road Westerly 02891 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title William A. Nardone Agent Sirrei Address Ciņ State Zψ 42 Granite Street Westerly RI 02891 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) Manager Name Manager Name Street Address Street Address City Z.Ip Z.p Manager Name Manager Name Sirect Address Street Address City State State Zip Zip City 8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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BY 870

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

810065

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File Date	
Check No	
Ву	
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report		
	panying schedules and statements, and that all statements	
contained herein arg	true and correct.	

9/18/17

Signature of Authorized Person

Date

Print or Type Wame of Authorized Person