	State of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River St Providence RI 0290	reet	
HOPE	(401) 222-304		
Limited Liability Con Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp nin thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR	: <u>2017</u>		
1. ID No. <u>00133690</u>	<u>15</u>		
2. Exact Name of the L	imited Liability Company <u>BRISTO</u>	L BUFFET LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
the list of codes here. More	Code that best describes the primary re information on <u>NAICS</u> can be found	-	ntity. Download
722514			
	ne Character of the Business Which	is Actually Conducted in F	Rhode Island
4. Brief Description of th	ne Character of the Business Which	is Actually Conducted in F	Rhode Island
4. Brief Description of th	ET SELLING OF FOOD	is Actually Conducted in F	Rhode Island
4. Brief Description of th <u>RESTAURANT/BUFF</u> 5. Principal Office Addre	ET SELLING OF FOOD ess MOUNT HOPE AVENUE		Rhode Island
4. Brief Description of th <u>RESTAURANT/BUFF</u> 5. Principal Office Addre No. and Street: <u>180 N</u> City or Town: <u>BRIS</u>	ET SELLING OF FOOD ess MOUNT HOPE AVENUE	tate: <u>RI</u> Zip: <u>02809</u> C	ountry: <u>USA</u>
4. Brief Description of th <u>RESTAURANT/BUFF</u> 5. Principal Office Addre No. and Street: <u>180 M</u> City or Town: <u>BRIS</u> 6. Mailing Address of Lit Contact Name: Contact No. and Street: <u>348</u>	ET SELLING OF FOOD ess MOUNT HOPE AVENUE TOL S imited Liability Company and Name	tate: <u>RI</u> Zip: <u>02809</u> C or Title of Contact Person	ountry: <u>USA</u>
4. Brief Description of the RESTAURANT/BUFF 5. Principal Office Address No. and Street: 180 M City or Town: BRIS 6. Mailing Address of Lit Contact Name: Contact No. and Street: 348 City or Town: WA	ET SELLING OF FOOD ess MOUNT HOPE AVENUE TOL Simited Liability Company and Name Title: ADAMS LANE ARREN State: Ri f Each Manager of the Limited Liab	tate: <u>RI</u> Zip: <u>02809</u> C or Title of Contact Person Zip: <u>02885</u> Cour	ountry: <u>USA</u> : htry: <u>USA</u>
4. Brief Description of the <u>RESTAURANT/BUFF</u> 5. Principal Office Addres No. and Street: <u>180 M</u> City or Town: <u>BRIS</u> 6. Mailing Address of Lite Contact Name: Contact No. and Street: <u>348</u> City or Town: <u>WA</u> 7. Name and Address of Lite Contact Street: <u>348</u> City or Town: <u>WA</u>	ET SELLING OF FOOD ess MOUNT HOPE AVENUE TOL Simited Liability Company and Name Title: ADAMS LANE ARREN State: Ri f Each Manager of the Limited Liab	tate: <u>RI</u> Zip: <u>02809</u> C or Title of Contact Person Zip: <u>02885</u> Cour	ountry: <u>USA</u> : htry: <u>USA</u> e.

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

BEN LUK 348 ADAMS LANE WARREN, RI 02885

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

Signed this 27 Day of September, 2017 at 9:18:29 AM 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 <u>BEN LUK</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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