	State of Rhode Island and Providence Plantations				
(62)	State of Rhode Island and Providence Plantations Department of State - Business Services Division				

Annual Report for the year: 2017 **Limited Liability Company**

→ Filing period: September 1 - November 1→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact nam	e of the Limited Lia	ability Company				
540884							
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
722511	RESTAURA	INT AND FOOD	SALES				
5. State of Formation							
ration of the control							
6. Principal Office Address	•		City	State	Zip		
790 RESERVOIR AVENUE			CRANSTON	RI	02910		
7. Mailing Address of Limited Lia	ibility Company	and Name or Title			····		
Contact Name LINDA XIE			Contact Title MEMBER				
Street Address 790 RESERVOII	R AVENUE		City CRANSTON	State RI	^{Zip} 02910		
8. List ALL managers (names ar	nd addresses) (of the Limited Liabi	ility Company, IF APPLICAB	LE - DO NOT LIST I	MEMBERS		
Manager Name N/A			Manager Name				
Street Address		•	Street Address				
City	State	Zip	City	State	Zıp		
Manager Name	 	-	Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
	1			Check the box to it	ndicate an attachment		
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.							
Under penalty of perjury, I dec statements, and that all staten	lare and affirn ents containe	n that I have exan nd herein are true	nined this report, including and correct.	any accompanyin	g schedules and		
Name of Authorized Person	Date	,					
LINDA XIE			9.	26.17			
Signature of Authorized Person							
dura to SIGN DOCUMENT HERE							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

SEP 2 9 2017