s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-30	treet)4-2615	
Limited Liability Com Annual Report	pany		
Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability com in thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2017</u>		
1. ID No. <u>000198797</u>	7		
2 Exact Name of the Liv	- mited Liability Company <u>RESTO</u>	RATION LEASING LLC	1
	RESTOR		<u> </u>
3. State of Formation			
State: <u>RI</u>			
-	Code that best describes the primary e information on <u>NAICS</u> can be found	-	entity. Download
<u>531120</u>			
4. Brief Description of th	e Character of the Business Which	n is Actually Conducted in	Rhode Island
TO LEASE THE RESTO	DRED AQUIDNECK MILL BUIL	DING	
5. Principal Office Addre	SS		
	THAMES STREET		
	<u>WPORT</u> State:	<u>RI</u> Zip: <u>02840</u> Co	ountry: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	e or Title of Contact Perso	n:
Contact Name: Contact	Title		
	THAMES STREET		
City or Town: <u>NEW</u>	/ <u>PORT</u> State	: <u>RI</u> Zip: <u>02840</u> Co	ountry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBER	Each Manager of the Limited Liak	oility Company, if Applica	ble.
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State,	Zip Code, Country
MANAGER	TERRY NATHAN	449 THAM NEWPORT, RI 028	
MANAGER	REBEKA MAZZONE	449 THAI	MES

449 THAMES

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REBEKA MAZZONE 449 THAMES NEWPORT , RI 02840

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

Signed this 2 Day of October, 2017 at 4:22:23 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 <u>MONIKA MILLER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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