

STAMP

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

→ Filing period: September	er 1 - Novembe	er 1					
→ Filing Fee: \$50.00							
→ Penalty: Additional \$25.0	00 fee if form is	not filed by Dece	mber 1.	_			
Entity ID Number	2 Event non	no of the Limited Li	ability Company				
542122	2. Exact name of the Limited Liability Company						
· · · · · · · · · · · · · · · · · · ·							
3. NAICS Code	Brief description of the character of business conducted in Rhode Island						
445299	Restaurant						
5 State of Formation							
Rhode Island							
6. Principal Office Address 1151 Aquidneck Avenue			City	State	Zıp		
			Middletown	RI	02842		
7. Mailing Address of Limited I	Liability Compan	y and Name or Titl			1		
Contact Name Shawn Margolis			Contact Title Manager				
Street Address 1151 Aquidneck Avenue			City Middletown	State RI	<sup>Zip</sup> 02842		
8 List ALL managers (names	and addresses)	of the Limited Liab	oility Company, IF APPLICAB	LE - DO NOT LIST I	MEMBERS		
Manager Name Shawn Margolis			Manager Name				
Street Address 1151 Aquidneck Avenue			Street Address				
City Middletown	State RI	<sup>Zip</sup> <b>02842</b>	City	State	Zip		
fanager Name			Manager Name				
Street Address			Street Address				

	1	1	.1				
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
		ı		Check the box to	indicate an attachment		
9. Resident Agent in Rho	de Island. This inforr	nation is currently	of record with the Departmen	nt of State. Changes require fil	ling Form 642.		
Under penalty of perjury statements, and that all	• •			ncluding any accompanyi	ng schedules and		
Name of Authorized Pers	on			Date			
Shawn	Margo	91	9/30/17				
Signature of Authorized P		_					
du	Mary	Sici	N 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 FILLU