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

Annual Report for the year: 2017

**STAMP** 

**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 5,000,00			<u> </u>			
			ted Liability Company				
	Lemongrass, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
72 - Accommodation and Food	Restaurant	t business.					
State of Formation  1 }							
6. Principal Office Address	<u> </u>		City	State	Zip		
102-104 Ives Street			Providence	RI	02906		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Andrew G. Nault,			Contact Title Corporate Counsel				
Street Address 1334 Mendon Roa	ad		City Cumberland	State RI	Zip 02864		
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Check the box to indicate an attachm							
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 declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.							
Name of Authorized Person Date							
LISA KUSCU 10/9/17							
Signature of Authorized Person							
SIGN DOCUMENT HERE							
	<u></u>						

MAIL TO:

**Division of Business Services** 

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

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

OCT 12 2017

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FORM 632 - Revised: 08/2016