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 name of the Limited Liability Company | | |
|---|---|---|---|
| **485833** | **Cowesett Subs, LLC** | | |
| 3. NAICS Code **72** | 4. Brief description of the character of business conducted in Rhode Island **Restaurant** 722511 | | |
| 5. State of Formation **Rhode Island** | | | |
| 6. Principal Office Address **45 Pine Hill Drive** | City **East Greenwich** | State **RI** | Zip **02818** |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name **Laurie Turi** | Contact Title **Manager** | | |
| Street Address **45 Pine Hill Drive** | City **East Greenwich** | State **RI** | Zip **02818** |

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 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 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 |
|---|---|
| **Laurie Turi** | **9/12/17** |
| Signature of Authorized Person: Laurie Turi | |

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
**Phone**: (401) 222-3040
**Website**: www.sos.ri.gov

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FORM 632 - Revised: 08/2017