



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<br><b>791864</b>                                                                                                                                                                        |                    | 2. Exact name of the Limited Liability Company<br><b>Lanni Restaurant Group, LLC</b>                                                                                     |                                 |                                 |                     |
| 3. NAICS Code<br><b>722511</b>                                                                                                                                                                              |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>TO OWN, ACQUIRE, MANAGE, RENT AND SELL REAL ESTATE AND ALL MATTERS RELATED THERETO</b> |                                 |                                 |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                          |                    |                                                                                                                                                                          |                                 |                                 |                     |
| 6. Principal Office Address<br><b>16 Josephine Street</b>                                                                                                                                                   |                    |                                                                                                                                                                          | City<br><b>North Providence</b> | State<br><b>RI</b>              | Zip<br><b>02904</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                    |                                                                                                                                                                          |                                 |                                 |                     |
| Contact Name<br><b>Antonio Lanni</b>                                                                                                                                                                        |                    |                                                                                                                                                                          | Contact Title<br><b>Manager</b> |                                 |                     |
| Street Address<br><b>16 Josephine Street</b>                                                                                                                                                                |                    |                                                                                                                                                                          | City<br><b>North Providence</b> | State<br><b>RI</b>              | Zip<br><b>02904</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                    |                                                                                                                                                                          |                                 |                                 |                     |
| Manager Name<br><b>Antonio Lanni</b>                                                                                                                                                                        |                    |                                                                                                                                                                          | Manager Name                    |                                 |                     |
| Street Address<br><b>16 Josephine Street</b>                                                                                                                                                                |                    |                                                                                                                                                                          | Street Address                  |                                 |                     |
| City<br><b>North Providence</b>                                                                                                                                                                             | State<br><b>RI</b> | Zip<br><b>02904</b>                                                                                                                                                      | City                            | State                           | Zip                 |
| Manager Name                                                                                                                                                                                                |                    |                                                                                                                                                                          | Manager Name                    |                                 |                     |
| Street Address                                                                                                                                                                                              |                    |                                                                                                                                                                          | Street Address                  |                                 |                     |
| City                                                                                                                                                                                                        | State              | Zip                                                                                                                                                                      | City                            | State                           | Zip                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |                    |                                                                                                                                                                          |                                 |                                 |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |                    |                                                                                                                                                                          |                                 |                                 |                     |
| <b>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.</b> |                    |                                                                                                                                                                          |                                 |                                 |                     |
| Name of Authorized Person<br><b>ANTONIO LANNI</b>                                                                                                                                                           |                    |                                                                                                                                                                          |                                 | Date<br><b>October 16, 2017</b> |                     |
| Signature of Authorized Person<br> DOCUMENT HERE                                                                         |                    |                                                                                                                                                                          |                                 |                                 |                     |

## MAIL TO:

Division of Business Services

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BY

