



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

STAMP

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 532920		2. Exact name of the Limited Liability Company JULIANNA'S RESTAURANT, LLC			
3. NAICS Code 5		4. Brief description of the character of business conducted in Rhode Island RESTAURANT			
5. State of Formation RHODE ISLAND		722511			
6. Principal Office Address 553 HARTFORD AVENUE		City PROVIDENCE		State RI	Zip 02909
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name ARIEL M. MELGAR			Contact Title MANAGER		
Street Address 505 GREENVILLE AVENUE 1ST FLOOR			City JOHNSTON		State RI Zip 02919
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name ARIEL M. MELGAR			Manager Name		
Street Address 505 GREENVILLE AVENUE 1ST FLOOR			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 <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.					
<i>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.</i>					
Name of Authorized Person ARIEL M. MELGAR				Date 09/01/2017	
Signature of Authorized Person 				SIGN 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

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