St	ate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290 (401) 222-304	treet)4-2615	
HOPE			
Limited Liability Comp Annual Report Filing Period: September 1 -	2		
	7-16-66(d), each limited liability com thirty (30) days after the time presc enalty fee of \$25.00.		
ANNUAL REPORT YEAR: 2017			
1. ID No. <u>000484916</u>			
2. Exact Name of the Limited Liability Company $M \& K, LLC$			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>722511</u>			
4. Brief Description of the	Character of the Business Which	n is Actually Conducted in Rh	ode Island
BREAKFAST RESTAU	ANT		
5. Principal Office Addres	S		
No. and Street:13 MAIN STREETCity or Town:LITTLE COMPTONState: RIZip: 02837Country: USA			
6. Mailing Address of Lim	ited Liability Company and Name	e or Title of Contact Person:	
Contact Name: <u>KATHRYN MADDEN</u> Contact Title: <u>PARTNER</u> No. and Street: <u>74 BURCHARD AVENUE</u>			
City or Town: LITTLI	<u>E COMPTON</u> Sta	te: <u>RI</u> Zip: <u>02837</u> Cour	ntry: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	Code, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER			

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

KATHRYN M. MADDEN <u>74 BURCHARD AVENUE</u> LITTLE COMPTON , <u>RI</u> 02837

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 31 Day of October, 2017 at 11:37:42 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KATHRYN M. MADDEN

Signature of Authorized Person

Form No. 632 Revised 09/07

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