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2017 OCT 31 PM 2:27

## 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					
101406	SHISH KABOB, LLC					
3. NAICS Code 722513	Brief description of the character of business conducted in Rhode Island  Deli					
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
555 Smithfield Avenue			Pawtucket	RI	02860	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name John Ghazal			Contact Title Member/Manager			
Street Address 555 Smithfield Avenue			City Pawtucket	State RI	<sup>Zip</sup> 02860	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name John Ghazal			Manager Name			
Street Address 250 Shawmut Avenue			Street Address			
City Central Falls	State RI	Zip 02863	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	1			Check the box to i	ndicate 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	Date	
John Ghazal						
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.n.gov FILED

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FORM 632 - Revised: 08/2016