



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.

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 OCT 31 AM 10:36

1. Entity ID Number <u>923554</u>		2. Exact name of the Limited Liability Company <u>Red Stripe East Greenwich, LLC</u>	
3. NAICS Code <u>722511</u>		4. Brief description of the character of business conducted in Rhode Island <u>operate restaurant</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>375 Commerce Park Road</u>		City <u>North Kingstown</u>	State <u>RI</u>
		Zip <u>02852</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Tracy C. Baran, Esq.</u>		Contact Title <u>General Counsel</u>	
Street Address <u>375 Commerce Park Road</u>		City <u>North Kingstown</u>	State <u>RI</u>
		Zip <u>02852</u>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name <u>Red Stripe Holdings, LLC</u>		Manager Name	
Street Address <u>375 Commerce Park Road</u>		Street Address	
City <u>North Kingstown</u>	State <u>RI</u>	City	State
Zip <u>02852</u>		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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.			
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 <u>Paul Contart</u>		Date <u>10-27-17</u>	
Signature of Authorized Person <u>[Signature]</u>			

## 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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