State of Rhode Island a	nd Providence	Plantations		_	
Department of State - Business Services Division					
MORE					
A 15 (2)		117			~
Annual Report for the year: 2017					R.I. DE BUS 2017 OCT
Limited Liability Company — Filing period: September 1 Nevember 1					8 00,
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00					3 STEE
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.					
Entity ID Number	2. Exact name of the Limited Liability Company				ē <u>₹</u> ₹
186195	Red Stripe, LLC.				ယ္ က်
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
722511	restaurants écatering business				
5. State of Formation					
RI restaurants & Catening DUSTRES'S					
6. Principal Office Address	<u> </u>		City	State	Zip
· _	- L	۸ ۸	1 .		43ac
375 Commerz	e Park	Koad	1 NoAh Kingsto	eun RI	p200 2
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Contact Title Contact Title Contact Title)
Street Address	2	1:2	City	State	Zip
375 Commerce		Road	1 Jorth Kings	town K/	102852
8. List ALL managers (names at	nd addresses) o	of the Limited Liabi	Manager Name	BLE - DO NOT LIST	MEMBEK2
Manager Name Red Stipe Holding LCC			Manager Name		
Street Address			Street Address		
3+3 Commene	<u>Park</u>	<u> </u>	City	Stata	Zip
Mosh Kuradown	State	10280	City	State	ZIP
Manager Name		1000,000	Manager Name	•	
			Charat Address		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	1 = 1				ndicate an attachment
9. Resident Agent in Rhode Islan			" "		
Under penalty of perjury, I ded statements, and that all states				ig any accompanyin	y scriedules and
Name of Authorized Person Date					
Paul Confort					17-12
Signature of Authorized Person					
A ROOM CONTRACTOR OF THE PARTY					
LARPOT		7) 4 6			
	•	- the spiritual of the			
MAIL TO:		\]			
mat IV.		v	E 2		

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 3 1 2017