



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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 BUS. SVCS. DIV.  
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|  |                    |  |                    |
|--|--------------------|--|--------------------|
| 1. Entity ID Number<br><u>256586</u>   |                    | 2. Exact name of the Limited Liability Company<br><u>Mills Tavern Restaurant, LLC</u>                    |                    |
| 3. NAICS Code<br><u>722511</u>   |                    | 4. Brief description of the character of business conducted in Rhode Island<br><u>operate restaurant</u> |                    |
| 5. State of Formation<br><u>RI</u>   |                    |  |                    |
| 6. Principal Office Address<br><u>375 Commerce Park Road</u>   |                    | City<br><u>North Kingstown</u>   | State<br><u>RI</u> |
|  |                    | Zip<br><u>02852</u>  |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |                    |  |                    |
| Contact Name<br><u>Tracy C. Baran, Esq.</u>  |                    | Contact Title<br><u>General Counsel</u>  |                    |
| Street Address<br><u>375 Commerce Park Road</u>  |                    | City<br><u>No. Kingstown</u>   | State<br><u>RI</u> |
|  |                    | Zip<br><u>02852</u>  |                    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |                    |  |                    |
| Manager Name<br><u>Red Stripe Holdings, LLC</u>  |                    | Manager Name   |                    |
| Street Address<br><u>375 Commerce Park Road</u>  |                    | Street Address   |                    |
| City<br><u>North Kingstown</u>   | State<br><u>RI</u> | City   | State              |
| Zip<br><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<br><u>Paul Contforti</u>   |                    | Date<br><u>10/27/17</u>  |                    |
| Signature of Authorized Person<br><u>[Signature]</u>   |                    |  |                    |

## MAIL TO:

Division of Business Services

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