RI SOS Filing Number: 201753058070 Date: 11/6/2017 4:00:00 PM



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Annual Report for the year: 2017

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00			7000111001 1,		
1. Entity ID Number	2. Exact name of the Limited Liability Company				
791494	HABC, LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
72 - Accommodation and Foo	Restaurant				
5. State of Formation	172	K			
RHODE ISLAND	100	7) II			
6. Principal Office Address			City	State	Zip
3 Luongo Square			Providence	RI	02903
7. Mailing Address of Limited Lia	bility Compa	ny and Name o			
Contact Name James E. Mark			Contact Title President		
Street Address 3 Luongo Square			City Providence	State RI	^{Zip} 02903
8. List ALL managers (names ar	nd addresses) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS
Manager Name None			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
					ndicate an attachment
9. Resident Agent in Rhode Islan	d. This inform	ation is currently o	of record with the Department of Sta	te. Changes require filin	g Form 642,
Under penalty of perjury, I deci statements, and that all statem	lare and affil ents contain	rm that I have e ned herein are	examined this report, including true and correct.	g any accompanyin	g schedules and
Name of Authorized Person		,		Date	1 -
James E. Mark				(1//	/17
Signature of Authorized Person					7
		SIGN	ODOCUMENT 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 NOV 0 6 2017

FORM 632 - Revised: 02/2017