



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

| | | | |
|--|-------|--|--|
| 1. Entity ID No. <u>1608498</u> | | 2. Exact name of the limited liability company <u>Hungryman, LLC</u> | |
| 3. State of Formation <u>RI</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>Sales 424210</u> | |
| 5. Principal office address <u>134 Mulberry Rd 1st Fl</u> | | City <u>Bristol</u> | State <u>RI</u> Zip <u>02809</u> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: | | | |
| Contact Name <u>Jason DeCosta</u> | | Contact Title <u>President</u> | |
| Street Address <u>404 Bullocks Point Ave. 2nd Fl.</u> | | City <u>Riverside</u> | State <u>RI</u> Zip <u>02915</u> |
| 7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| Manager Name | | Manager Name | |
| Street Address | | Street Address | |
| City | State | Zip | City |
| 8. RESIDENT AGENT IN RHODE ISLAND | | | |
| This Information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | |

FILED C

JAN 05 2018

BY CA 321188

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 JAN - 5 PM 2:31

| |
|---------------------------------|
| File Date _____ |
| Check No _____ |
| By: _____ |
| FOR SECRETARY OF STATE USE ONLY |

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.

Jason DeCosta 1/5/18
 Signature of Authorized Person Date
 Print or Type Name of Authorized Person