RI SOS Filing Number: 201859625770 Date: 3/2/2018 4:00:00 PM



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.

| Entity ID Number   | 2. Exact name of the Limited Liability Company                           |                      |                                    |           |                      |  |
|--|--|----------------------|------------------------------------|-----------|----------------------|--|
| 001659552  | TCP Enterprises, LLC   |                      |                                    |           |                      |  |
| 3. NAICS Code  | Brief description of the character of business conducted in Rhode Island |                      |                                    |           |                      |  |
| 722511   | Full Restaurant  |                      |                                    |           |                      |  |
| 5. State of Formation  |  |                      |                                    |           |                      |  |
| Rhode Island   |  |                      |                                    |           |                      |  |
| 6. Principal Office Address  |  |                      | City                               | State     | Zip                  |  |
| 1428 Hartford Avenue   |  |                      | Johnston                           | RI        | 02919                |  |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  |  |                      |                                    |           |                      |  |
| Contact Name Tino Ciatto   |  |                      | Contact Title Owner/Manager        |           |                      |  |
| Street Address 1428 Hartford Avenue  |  |                      | <sup>City</sup> Johnston           | State RI  | <sup>Zip</sup> 02919 |  |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS   |  |                      |                                    |           |                      |  |
| Manager Name Tino Ciatto   |  |                      | Manager Name Robert D'Agostino     |           |                      |  |
| Street Address 470 Bay Road  |  |                      | Street Address 37 Louisiana Avenue |           |                      |  |
| City South Easton  | State MA   | <sup>Zip</sup> 02375 | City Warwick                       | State RI  | <sup>Zip</sup> 02888 |  |
| Manager Name   |  |                      | Manager Name                       |           |                      |  |
| Street Address   |  |                      | Street Address                     |           |                      |  |
| City   | State  | Zip                  | City                               | State     | Zip                  |  |
| Check the box to indicate an attachment  |  |                      |                                    |           |                      |  |
| 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  |  |                      |                                    | Date      | Date                 |  |
| Tino Ciatto  |  |                      |                                    | 2/25/2018 | 2/25/2018            |  |
| Signature of puthorized Person Signature of puthorized Person Signature of puthorized Person   |  |                      |                                    |           |                      |  |

MAIL TO:

**Division of Business Services** 

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

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