



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.

1. Entity ID Number <u>000130562</u>		2. Exact name of the Limited Liability Company <u>MAA MACCA LLC</u>	
3. NAICS Code <u>722513</u>		4. Brief description of the character of business conducted in Rhode Island <u>Take out Seafood Restaurant</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>668 ATLANTIC AVE</u>		City <u>WESTERLY</u>	State <u>RI</u> Zip <u>02891</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Robert Barber</u>		Contact Title <u>CO-OWNER</u>	
Street Address <u>PO BOX 272</u>		City <u>WESTERLY</u>	State <u>RI</u> Zip <u>02891</u>
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
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 <u>Robert Barber</u>			Date <u>3/2/18</u>
Signature of Authorized Person <u>Robert Barber</u>			

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FILED

MAR 05 2018

by 13510