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State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATION

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Annual Report for the year: 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	2. Exact name of the Limited Liability Company					
$\Gamma$	Dialbae LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
1722511	D - 1 - 1 -					
5. State of Formation	Restaurant					
DT.						
6, Principal Office Address	<u> </u>		Cau	l Circle	15:	
127 Dorrance St			Providence	State	Zip	
				N+	02903	
7. Mailing Address of Limited Lia	ability Company	and Name or Titl				
Contract Name			Contact Title			
Street Address  Dancan a st			Providue Co	State	21p 02803	
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	Zip	City	State	Zip	
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 Isla						
Under penalty of perjury, I des statements, and that all/states	clare and affirm ments containe	n that I have exa ed herein are tru	mined this report, including e and correct.	any accompanyin	g schedules and	
Name of Authorized Person Date						
3/20/18						
Signature of Authorized Person						
TASON DECESAGE.						
147.0						

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 20 2018 By 32 6946

A.A. 12:13pm