State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Filing period: September 1 Nevember 1

→ 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	Exact name of the Limited Liability Company					
001339546	MAIN STREET RESTAURANT GROUP LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
722513	OPERATION OF A RESTAURANT					
5. State of Formation						
RI						
6 Principal Office Address			City	State	Zip	
55 DOUGLAS PIKE , UNIT 201			SMITHFIELD	RI	02917	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name ROCCO A QUATROCCHI			Contact Title			
Street Address 55 DOUGLAS PIKE UNIT 201			City SMITHFIELD	State RI	^{Zip} 02917	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name ROCCO A QUATROCCHI			Manager Name			
Street Address 55 DOUGLAS PIKE UNIT 201			Street Address			
City SMITHFIELD	State RI	^{Zip} 02917	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 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						
Kom A. Quattanah. 5.31.1X						
Signature of Authorized Person SIGN CONDMENTINGE						
4 (XIII)						
1				•		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED MAY 3 1 2018

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