State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

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		
001339546	**MAIN STREET RESTAURANT GROUP LLC**		
3. NAICS Code **722513**	4. Brief description of the character of business conducted in Rhode Island **OPERATION OF A RESTAURANT**		
5. State of Formation **RI**			
6. Principal Office Address **55 DOUGLAS PIKE , UNIT 201**	City **SMITHFIELD**	State **RI**	Zip **02917**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
ROCCO A QUATROCCHI			
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
Rocco A. Quatrocchi	5.31.18
Signature of Authorized Person	

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 31 2018
BY 1017

FORM 632 - Revised: 10/2017