



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV.
2018 JUN 32 AM 11:24

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>001095473</u>		2. Exact name of the Limited Liability Company <u>TRASKIE FLOES, LLC</u>			
3. NAICS Code <u>311411</u>		4. Brief description of the character of business conducted in Rhode Island <u>PREPARATION AND SERVING OF FOOD AND BEVERAGE</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>751 HARTFORD AVE</u>		City <u>JACKSON</u>	State <u>RI</u>	Zip <u>02919</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>RADNEY DIAMOND</u>		Contact Title <u>OWNER</u>			
Street Address <u>751 HARTFORD AVE</u>		City <u>JACKSON</u>	State <u>RI</u>	Zip <u>02919</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	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 <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>THOMAS K. WRECH</u>		Date <u>7/2/18</u>			
Signature of Authorized Person <u>Thomas K. Wrech</u>		SIGNATURE - P.R.I.			

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