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

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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 **001661683**	2. Exact name of the Limited Liability Company **The Bartending Services of New England, LLC**		
3. NAICS Code 611519	4. Brief description of the character of business conducted in Rhode Island **Bartending Services**		
5. State of Formation **MA**			
6. Principal Office Address **13 West End Avenue**	City **Middleboro**	State **MA**	Zip **02346**

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

Contact Name **William H. Fuller**	Contact Title **Manager**		
Street Address **PO Box 425**	City **Middleboro**	State **MA**	Zip **02346**

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name **William H. Fuller**			Manager Name		
Street Address **13 West End Avenue**			Street Address		
City **Middleboro**	State **MA**	Zip **02346**	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: William Fuller	Date: 8/24/18
Signature of Authorized Person: SIGN DOCUMENT HERE	

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
AUG 30 2018
BY 7919 DS

FORM 632 - Revised: 08/2016