

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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Annual Report for the year:

2018

Limited Liability Company

→ Filling period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1

	ity ID Number 4315		2. Exact name of the Limited Liability Company SHERRI'S COME ALONG INN LLC				
3. NA	CS Code	4. Brief de	Brief description of the character of business conducted in Rhode Island				
J	122511	Operation	Operation of a restaurant.				
5. Sta	te of Formation						
Rhod	e Island 					•	
6. Principal Office Address			City	State	Zip		
36 Williams Crossing Road				Greene	RI	02827	
		· · · ·	any and Name o	r Title of Contact Person	<u></u>		
Contac	act Name Kenneth A. Page			Contact Title Member			
Street	eet Address 36 Williams Crossing Road			City Greene	State RI	Zip 02827	
8. List	ALL managers (nam	es and addresse	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS	
Manager Name				Manager Name			
Street	treet Address			Street Address			
City		State	Zip	City	State	Zip	
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City	State	Zip	
		<u> </u>			Check the box to i	indicate an attachment	
				of record with the Department of S			
Under staten	penalty of perjury, I nents, and that all st	declare and aff. atements contai	irm that I have incd herein are	examined this report, includ true and correct.	ing any accompanyin	g schedules and	
	of Authorized Person				Date _ / /		
Kenne	th A. Page				Date	2c/V	
Signat	ure of Authorized Pers	ion Az	SiGi	N DOCUMENT HERE	, ,	6	

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

SEP 1 0 2018

FORM 632 - Revised: 10/2017