

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 \$25.0	0 fee if form	is not filed by D	ecember 1.	_		
1. Entity ID		_	<u> </u>				
16743		2. Exact name of the Limited Liability Company SHERRI'S COME ALONG INN LLC					
3. NAICS C	122511	Brief description of the character of business conducted in Rhode Island Operation of a restaurant.					
5. State of F							
6. Principal Office Address				City	State	Zip	
36 Williams Crossing Road				Greene	RI	02827	
			iny and Name o	r Title of Contact Person	· · · · · · · · · · · · · · · · · · ·		
Contact Name	Kenneth A. Page			Contact Title Member			
Street Addres	eet Address 36 Williams Crossing Road			City Greene	State RI	^{Zip} 02827	
8. List ALL	managers (names a	nd addresse:	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS	
Manager Name				Manager Name	Manager Name		
Street Addres	eet 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	
9. Resident /	Agent in Rhode Isla	nd. This inform	nation is currently o	of record with the Department of S	State. Changes require filir	ng Form 642.	
Under pena statements,	lty of perjury, I dec and that all staten	lare and affi nents contai	irm that I have (ned herein are	examined this report, includ true and correct.	ing any accompanyin	g schedules and	
Name of Authorized Person Date							
Kenneth A. Page Signature of Authorized Passas							
Signature of	Authorized Person	JAZ	SiGi	N DOCUMENT HERE		<u> </u>	

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