

STAMP

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.

FOR SECRETARY OF STATE USE ONLY

Entity ID Number	2. Exact na	2. Exact name of the Limited Liability Company				
487630	Jordan Foods Company, LLC					
3. NAICS Code	4. Brief de	4. Brief description of the character of business conducted in Rhode Island				
722511	to own an	to own and operate restaurants and to supervise all other aspects of the food industry				
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
214B Main Street			East Greenwich	RI	02818	
7 Mailing Address of Limite		any and Name o				
Contact Name John D. Biafore			Contact Title Attorney			
Street Address 478A Broadway			City Providence	State RI	^{Z₁p} 02909	
8. List ALL managers (name	es and addresse	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
		I		Check the box to	ndicate an attachment	
9. Resident Agent in Rhode	Island This inforr	nation is currently	of record with the Department of Sta	te. Changes require filir	ng Form 642.	
Under penalty of perjury, i statements, and that all st	declare and aff atements conta	firm that I have ined herein are	examined this report, including true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person			·	Date /	1	
H. Robert Bacon, Member	-0			(2/17/	18	
Signature of Authorized Per	søn	910	N DOCUMENT HERE	7. 7	· ·	
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov





FORM 632 - Revised: 10/2017