



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

**STAMP**

FOR  
 SECRETARY OF STATE  
 USE ONLY

**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<br><b>487632</b>  |       | 2. Exact name of the Limited Liability Company<br><b>Morgan Foods Company, LLC</b>   |                                  |                        |                     |
| 3. NAICS Code<br><b>722511</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>to own and operate restaurants and to supervise all other aspects of the food industry</b> |                                  |                        |                     |
| 5. State of Formation<br><b>Rhode Island</b>  |       |  |                                  |                        |                     |
| 6. Principal Office Address<br><b>214B Main Street</b>  |       |  | City<br><b>East Greenwich</b>    | State<br><b>RI</b>     | Zip<br><b>02818</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |  |                                  |                        |                     |
| Contact Name<br><b>John D. Blafore</b>  |       |  | Contact Title<br><b>Attorney</b> |                        |                     |
| Street Address<br><b>478A Broadway</b>  |       |  | City<br><b>Providence</b>        | State<br><b>RI</b>     | Zip<br><b>02909</b> |
| 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  |       |  |                                  |                        |                     |
| <b>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.</b> |       |  |                                  |                        |                     |
| Name of Authorized Person<br><b>H. Robert Bacon, Member</b>   |       |  |                                  | Date<br><b>9/17/18</b> |                     |
| Signature of Authorized Person<br>   |       |  |                                  | SIGN DOCUMENT HERE     |                     |

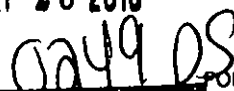
**MAIL TO:**

**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

**FILED**

**SEP 28 2018**

BY



FORM 632 - Revised: 10/2017