



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

Annual Report for the year: **2018**
Limited Liability Company

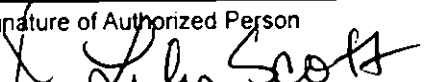
- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED

OCT 05 2018

BY

2541
[Signature]

| | | | | | |
|---|-------|---|-----------------------------|------------------------|---------------------|
| 1. Entity ID Number 1659460 | | 2. Exact name of the Limited Liability Company LGS KITCHEN, LLC | | | |
| 3. NAICS Code 311999 | | 4. Brief description of the character of business conducted in Rhode Island Cooking, distribution and sale of broth and other related food items. | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address 5 Brayton Meadows | | City East Greenwich | | State RI | Zip 02818 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Lily Scott | | | Contact Title Member | | |
| Street Address 5 Brayton Meadows | | City East Greenwich | | State RI | Zip 02818 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name None | | | Manager Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name None | | | Manager Name None | | |
| 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. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Person Lily Scott | | | | Date 10/1/18 | |
| Signature of Authorized Person  | | | | SIGN DOCUMENT HERE | |

MAIL TO:

Division of Business Services
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